

Case Number:	CM15-0147063		
Date Assigned:	08/10/2015	Date of Injury:	06/01/2015
Decision Date:	09/08/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	07/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old male sustained an industrial injury on 6-01-15. He subsequently reported upper back-neck pain. Diagnoses include sprain of neck. Treatments to date include MRI testing, modified work duty, physical therapy, chiropractic care and prescription pain medications. The injured worker continues to experience right neck and upper back pain as well as headache. Upon examination of the cervical spine, there's marked muscle spasm over the right trapezius, paracervical muscles and rhomboid noted, very tender to palpation especially over the right mid paracervicals. Cervical range of motion is reduced. A request for MRI of The Cervical Spine without Contrast was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the Cervical Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM guidelines, indications for neck imaging include red flag findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. The patient has undergone some basic conservative care with noted improvement. There are no signs of radiculopathy or neurological dysfunction. MRI of cervical spine is not medically necessary.