

Case Number:	CM15-0148107		
Date Assigned:	08/11/2015	Date of Injury:	08/01/2013
Decision Date:	09/14/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/30/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

The injured worker is a 45 year old female, who sustained an industrial injury on August 1, 2013. The initial diagnosis and symptoms experienced were not included in the documentation. Treatment to date has included psychotherapy, home exercise program and cortisone injections. Currently, the injured worker complains of continued sharp neck pain that radiates to her right arm, and right shoulder pain that increases with activity above shoulder level. The injured worker is currently diagnosed with a neck sprain and bilateral upper extremity radiculopathy. Her work status is modified duty. A progress note dated February 9, 2015 states the injured worker experienced temporary relief from cortisone injections. The therapeutic response to home exercise program and psychotherapy were not included in the documentation. A cervical spine MRI (outpatient) is requested for further diagnostic assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Cervical spine, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. There was no documentation of progressive neurological compromise. The request for an MRI of the cervical spine is not medically necessary.