

Case Number:	CM15-0160066		
Date Assigned:	08/26/2015	Date of Injury:	12/05/2014
Decision Date:	09/29/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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: North Carolina

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 38 year old male who sustained a work related injury December 5, 2014. Past history included thyroid disease. According to a physician's follow-up visit notes, dated July 20, 2015, the injured worker presented with complaints of neck pain, lower back pain, and right knee pain, rated 6 out of 10. The pain is described as aching and moderate to severe and associated with joint stiffness, tingling, and weakness. Relieving treatment included the application of cold, rest and wearing a brace. The quality of sleep is noted to be poor and pain has increased since the last visit. Current medication included Cyclobenzaprine, Lidopro, Naproxen, Pantoprazole, Senna, and Ultracet. Objective findings included; antalgic gait, heel toe walk are normal, no deformities or abnormal posture; cervical spine-range of motion is restricted with flexion to 30 degrees, extension 10 degrees, lateral rotation right and left 30 degrees, paravertebral muscles spasm and tenderness and tight muscle band both sides, tenderness noted C5, C6, and C7; lumbar spine-range of motion is restricted with flexion to 35 degrees limited by pain, extension 20 degrees, on palpation, paravertebral muscle tenderness on the right side and hypertonicity, spasm, tenderness and tight muscle band noted on the left side, L4, L5 tenderness, straight leg test is positive on the right seated at 60 degrees, tenderness over the sacroiliac spine. On sensory examination, light touch is decreased over medial calf, lateral calf on the right side. Physician documented an MRI of the lumbar spine was performed (undated) and revealed an annular tear L5-S1. Diagnoses are cervicalgia; lumbago; thoracic or lumbosacral neuritis or radiculitis, not otherwise specified; myalgia and myositis, not otherwise specified; sprains and strains of the neck, lumbar region. Treatment plan included continuing with ice, heat, exercise

and medication, chiropractic therapy, electrodiagnostic studies, and discussion regarding a psychiatric consultation. At issue is the request for authorization for an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast (cervical spine): Upheld

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

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

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the neck and the request is not medically necessary.