

Case Number:	CM15-0161678		
Date Assigned:	08/27/2015	Date of Injury:	04/22/2009
Decision Date:	09/30/2015	UR Denial Date:	08/05/2015
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:

This 46 year old woman sustained an industrial injury on 4-22-2009 after a stack of refrigerators fell on her. Evaluations include an undated cervical spine MRI. Diagnoses include chronic pain syndrome, brachial neuritis or radiculitis, pain disorders related to psychological factors, cervicgia, and lumbosacral spondylosis without myelopathy. Treatment has included oral medications, medial branch blocks, use of gym, sauna, yoga, home traction, acupuncture, trigger point injections, TENS unit use, recumbent bile use, and transforaminal epidural steroid injection. Physician notes dated 6-3-2015 show complaints of increasing neck and bilateral upper extremity pain with occipital headaches rated 6 out of 10. The worker was administered Toradol and B12 injections during this visit. Recommendations include continue support group, continue foam roller and TENS units, transforaminal epidural steroid injections, Nalfon, Norco, gym membership, Orphenadrine, medial branch blocks, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Treatment In Workers Compensation Online Edition 2015 Neck and Upper Back Chapter.

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 certified.