

Case Number:	CM15-0161766		
Date Assigned:	08/27/2015	Date of Injury:	03/17/2012
Decision Date:	10/02/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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 male who sustained an industrial injury on 3-17-12. An orthopedic evaluation dated 6-13-15 states that the injured worker was involved in a motor vehicle accident in which he lost consciousness for a few seconds. Later that evening, he complained of constant sharp pain in his neck. He sought treatment the following day and was treated with pain medication and muscle relaxants. He was referred to an occupational health provider. Diagnostic tests included x-rays of his neck, back, shoulders, and hips. All x-rays were within normal limits. He was prescribed medications for pain, inflammation, and a muscle relaxer. He was referred to physical therapy. In June 2012 he was referred to another provider. X-rays were taken and found to be within normal limits. An MRI was completed of his right shoulder and lower back, which revealed "positive findings". He was administered epidural injections to his lower back and cortisone injections to his shoulder. He was referred for physical therapy, acupuncture, electric shockwave stimulation, and aquatic therapy. All treatments were minimally effective. The 6-13-15 report indicates that he underwent surgery on his right shoulder on 5-16-14. He was prescribed Norcodeine, Tramadol, Nabumetone, and muscle relaxers. His diagnoses included cervical spondylotic radiculopathy and right sacroiliitis. Treatment recommendations were for a repeat MRI to evaluate the disc and neurologic structures and an injection with Marcaine and a steroid into the right sacroiliac joint. Further treatment recommendations would be made following the injection. An authorization request was completed on 6-13-15 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:

Magnetic resonance imaging (MRI) of the cervical spine: Overturned

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), Acute and Chronic Neck and Upper Back Injury Chapter, Procedure Summary, MRI Scan's.

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

Decision rationale: According to ACOEM guidelines, criteria for ordering an MRI of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the injured worker is diagnosed with cervical radiculopathy and has been referred to an orthopedic surgeon for further evaluation. The last imaging study was performed on November 6, 2014. The treating physician is requesting an updated MRI as the last MRI is almost one year old. In this case, the injured worker has not obtained benefit from past treatment and the request for updated imaging is supported to aid in further treatment planning. The request for Magnetic resonance imaging (MRI) of the cervical spine is medically necessary and appropriate.