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| Case Number: | CM15-0165906 | | |
| Date Assigned: | 09/03/2015 | Date of Injury: | 01/05/2015 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 07/20/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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: Physical Medicine & Rehabilitation

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 48-year-old female who sustained an industrial injury on January 5, 2015 resulting in neck pain. Diagnosis is cervical spine myoligamentous sprain or strain. Documented treatment includes independent chiropractic visits, physical therapy, and medication, but response to treatments are not provided. The injured worker continues to present with neck pain and stiffness which is radiating into both of her shoulders. The treating physician's plan of care includes an MRI of the cervical spine without contrast. Current work status as of July 9, 2015 physician report is temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging.

Decision rationale: The patient was injured on 01/05/15 and presents with neck pain with radiation to the right and left shoulder girdle. The request is for a MRI OF THE CERVICAL SPINE WITHOUT CONTRAST. The utilization review rationale is that there are "no objective findings of cervical radiculopathy." There is no RFA provided and the patient's work status is "preclusion from lifting, pushing, pulling over 20 pounds and repetitive bending and squatting." Review of the reports provided do not indicate if the patient had a prior MRI of the cervical spine. Regarding MRI, the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: "Neck and upper back complaints, under special studies and diagnostic and treatment considerations." Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist." OGD Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: "Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit. The patient has moderate tenderness about the right and left paracervical muscles. She is diagnosed with cervical spine myoligamentous sprain or strain. Treatment to date includes independent chiropractic visits, physical therapy, and medication. The reason for the request is not provided. Review of the reports provided does not indicate if the patient has had a prior MRI of the cervical spine. Given that the patient continues to have cervical spine pain and does not have a recent MRI of the cervical spine, the request appears reasonable. Therefore, the requested MRI of the cervical spine IS medically necessary.