

Case Number:	CM15-0165907		
Date Assigned:	09/03/2015	Date of Injury:	12/11/2014
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
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 36 year old male, who sustained an industrial injury on December 11, 2014, incurring neck and lower back after a motor vehicle accident. A lumbar Magnetic Resonance Imaging revealed lumbar disc protrusion with a tear and foraminal stenosis. He was diagnosed with lumbar degenerative disc disease with disc protrusion, lumbosacral strain, cervical strain, shoulder strain and left sciatica. Treatment included physical therapy, pain medications, steroids, and physical therapy and home exercise program and activity restrictions. Currently, the injured worker complained of neck and cervical spine pain with persistent low back pain radiating into the lower extremity. It was noted there was good range of motion of the lumbar and cervical spine. The treatment plan that was requested for authorization included Magnetic Resonance Imaging 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: Upheld

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 & Chronic) chapter under Magnetic resonance imaging.

Decision rationale: The current request is for a Magnetic resonance imaging (MRI) of the cervical spine. The RFA is dated 08/03/15. Treatment history included physical therapy, pain medications, steroids, and physical therapy and home exercise program and activity restrictions. The patient is TTD. MTUS/ACOEM Guidelines, Chapter 8, Neck and Upper back Complaints Chapter under Special Studies Section, chapter 8, page 177 and 178, state Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic) and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. (2) Neck pain with radiculopathy if severe or progressive neurologic deficit. (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. (5) Chronic neck pain, radiographs show bone or disc margin destruction. (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit. (8) Upper back/thoracic spine trauma with neurological deficit. Per report 07/06/15, the patient re-injured himself on 06/27/15 and now complains of right sided neck pain. Examination of the cervical spine revealed there is normal curvature of the cervical spine. Full flexion, extension and lateral bending are noted. The spinous process is nontender to palpation and percussion. The paraspinal muscles are without tenderness, increased ton, or appreciable trigger points. The UR letter states that the cervical MRI was requested to evaluate the spine in order to determine his lifting limitations. The RFA states MRI of the cervical spine to rule out disc herniation which requires prophylactic work preclusion. In this case, there is no examination finding that would support the need for an MRI of the cervical spine. There is no indication of neurological deficit and no red flags. MRIs are not supported to determine work capacity. This request is not in accordance with guideline criteria. Therefore, the request IS NOT medically necessary.