MAXIMUS Federal Services

Case Number:	CM15-0167452		
Date Assigned:	09/11/2015	Date of Injury:	09/28/2006
Decision Date:	10/08/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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 49 year old female, who sustained an industrial-work injury on 9-28-06. She reported initial complaints of neck pain, headaches, and low back pain. The injured worker was diagnosed as having cervical degenerative disc disease, right upper extremity radicular pain, lumbar discogenic disease, hypertension, borderline diabetes, and gastritis. Treatment to date has included medication and diagnostics. MRI results were reported on 8-5-11 that reported straightening of lordotic curvature, usually secondary to muscular spasm, 1.5 mm left paracentral posterior disk protrusion at C3-4 level indenting the anterior aspect of the thecal sac, 1 mm broad based posterior disk bulge at C5-6 level indenting the anterior aspect of the thecal sac, with incidental lesion of the thyroid. Currently, the injured worker complains of ongoing neck pain, headaches, cracking of the neck, and low back pain with radiculopathy. Symptoms got worse with prolonged sitting or standing. Current medications included Tramadol, Omeprazole, and Norco. Drug screen on 7-21-15 documented positive Hydrocodone, Norco, and Tramadol. Medication reduces pain by 30% with increased ability in ADL's (activities of daily living). Per the pain management follow up on 7-21-15, symptoms persist and are accompanied by nervousness and anxiety; ambulation is slow, tender in the cervical spine with decreased range of motion. There is good range of motion and sensory and motor function in the upper extremities. The lumbar spine had positive tenderness in the lower back, palpable muscle spasms in the paraspinals, and symmetrical deep tendon reflexes. Symptoms to low back had worsened over the last year. Hypertension and gastritis are managed by an internist. Current plan of care includes update of an MRI (magnetic resonance imaging). The Request for Authorization date was 7-21-15 and requested service included MRI of the cervical spine. The Utilization Review on 8-12-15 denied the request due to ACOEM guidelines for neck and upper back complaints,

there is no new evidence of subjective or physical exam findings to support significant changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 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 cervical spine and the request is not medically necessary.