

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0168545 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 09/01/2014 |
| Decision Date: | 10/14/2015 | UR Denial Date: | 08/04/2015 |
| Priority: | Standard | Application Received: | 08/27/2015 |

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 female who sustained an industrial injury on 9-1-14. Diagnosis was bilateral cervical sprain, strain. She currently complains (7-24-15) of no elbow pain; intermittent, mild neck pain. There was no numbness, tingling, weakness of upper extremities. She complains of neck motion restrictions. She has not lost any time from work due to this injury and works her regular job. On physical exam of the cervical spine there was no cervical stiffness or splinting, no tenderness or spasms, all cervical testing was negative, range of motion was unrestricted, no muscle weakness noted. Treatments to date included 6 acupuncture visits; 6 physical therapy visits; massage therapy; home exercise; swimming. All treatments were tolerated well and she did miss a follow up appointment per 7-24-15 note. On 7-24-15, the treating provider's plan of care included a request for cervical MRI to discover pathology causing chronic left trapezius symptoms. No formal request for authorization was available. On 8-4-15, utilization review, non-certified the request for 1 MRI of the cervical spine without contrast, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI cervical spine, without contrast as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 shows evidence of tissue insult exam and the request is thus medically necessary.