

Case Number:	CM15-0168875		
Date Assigned:	09/09/2015	Date of Injury:	03/15/2008
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
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 52 year old male, who sustained an industrial injury on March 15, 2008. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical disc herniation, cervical neuritis, lumbar disc herniation, lumbar neuritis and chronic knee pain. Treatment to date has included diagnostic studies and medications. On July 8, 2015, the injured worker complained of chronic pain in the neck, top of the bilateral shoulders and across the lower back. He also complained of pain in the right knee, below the left knee and headaches. The pain was rated as a 6-7 on a 1-10 pain scale. His current medications were noted to help with overall symptomatology. Physical examination of the cervical spine revealed positive cervical and trapezial tenderness and spasm. There was some decreased range of motion of the cervical spine secondary to pain. The treatment plan included medications and a follow-up visit. On July 31, 2015, utilization review denied a request for a cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.