

Case Number:	CM15-0182791		
Date Assigned:	09/23/2015	Date of Injury:	06/01/2012
Decision Date:	10/28/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/17/2015

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 (n) 48-year-old male, who sustained an industrial injury on 6-1-12. The injured worker was diagnosed as having cervical spine pain, right shoulder pain and bilateral carpal tunnel syndrome. The physical exam (5-26-15 through 6-22-15) revealed 8 out of 10 pain in the neck, lower back and bilateral wrists and "negative for chronic neck pain". Treatment to date has included Norco, Amitriptyline and Celebrex. There are no previous cervical diagnostic studies in the case file for review. As of the PR2 dated 8-19-15, the injured worker reports pain in his neck, lower back, bilateral wrists and right shoulder. He rates his pain 8 out of 10 and is worse with any prolonged or repetitive activity. There is no physical examination specially related to the cervical spine. The treating physician requested a cervical MRI. On 8-19-15, the treating physician requested a Utilization Review for a cervical MRI. The Utilization Review dated 8-29-15, non-certified the 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 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: Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study as the patient has unchanged neurological findings. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the cervical spine is not medically necessary and appropriate.