

Case Number:	CM15-0183028		
Date Assigned:	09/23/2015	Date of Injury:	09/13/1995
Decision Date:	10/30/2015	UR Denial Date:	09/08/2015
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: 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 60 year old female, who sustained an industrial injury on 09-13-1995. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for constipation, failed neck surgery syndrome, with intractable neck pain, depression, anxiety, situational stress, and a psychiatric condition. Medical records (04-07-2015) indicate ongoing chronic neck pain and head pain. Pain levels were 5-7 out of 10 on a visual analog scale (VAS). Records also indicate no ongoing changes in activity levels for function. Work status was not addressed. The physical exam, dated 08-27-2015, reported no objective findings. The progress report (07-29-2015) reported a pain level of 7 out of 10 (subjective), tenderness to palpation from the occipital ridge down to approximately C6-7, and muscle spasms and muscle bundles palpated in the bilateral trapezii. There were no other recent objective findings reported. Relevant treatments have included physical therapy (PT), work restrictions, and pain medications. The treatment plan included refill of medications, MRI of the cervical spine under sedation due to anxiety, and follow-up in one month. The request for authorization (09-02-2015) shows that the following diagnostic test was requested: cervical MRI with IV sedation. The original utilization review (09-08-2015) non-certified the request for cervical MRI with IV sedation based on the lack of red-flag conditions, surgical intent and objective cervical deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI with IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI.

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 neck and the request is not medically necessary.