

Case Number:	CM15-0183899		
Date Assigned:	09/24/2015	Date of Injury:	04/21/2014
Decision Date:	10/30/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, California

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 43-year-old male, with a reported date of injury of 04-21-2014. The diagnoses include cervical radiculopathy, cervical spine sprain and strain, and neck pain. Treatments and evaluation to date have included chiropractic treatment, Tramadol, Naproxen, Cyclobenzaprine, and Omeprazole. The diagnostic studies to date have not been included in the medical records. The initial comprehensive pain management examination report dated 07-13-2015 indicates that the injured worker complained of dull and aching pain associated headaches, which was rated 8 out of 10 without medications. Neck movements aggravated the pain. The injured worker also complained of dull and aching neck pain with radiation to the left ear with difficulty of hearing. The physical examination showed mild distress due to pain; palpable nuchal tenderness; tenderness and myospasm to palpation over the bilateral paracervical muscles and bilateral trapezius muscles; circumscribed trigger points with positive taut bands; twitched response; positive jump sign with pressure over the bilateral paracervical muscles; and normal cervical range of motion in all planes. It was noted that there was normal dermatomal sensation in the upper and lower extremities. The treating physician recommended an MRI of the cervical spine. The injured worker is temporary totally disabled for 45 days. The treating physician requested an MRI of the cervical spine. On 08-27-2015, Utilization Review (UR) non-certified the request for an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. Exam findings did not indicate radiculopathy. The request for an MRI of the cervical spine is not medically necessary.