

Case Number:	CM15-0184544		
Date Assigned:	09/25/2015	Date of Injury:	06/04/2015
Decision Date:	11/02/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/19/2015

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(n) 21 year old male, who sustained an industrial injury on 6-4-15. The injured worker was diagnosed as having contusion of the scapular region. Medical records (7-13-15 through 8-3-15) indicated 7-8 out of 10 pain. The physical exam (6-9-15 through 6-26-15) revealed no specific examination of the cervical region and no abnormalities with the bilateral upper extremities. Treatment to date has included a cervical MRI on 8-13-15 showing minimal disc degeneration between C5-T1, minimal facet arthropathy on the left at C3-T1 and loss of usual lordosis and straightening of the spine, Gabapentin, Naproxen and Omeprazole. As of the PR2 dated 8-10-15, the injured worker reports 7 out of 10 pain. There is no physical examination specific to the cervical region. The treating physician requested a cervical MRI. On 8-11-15, the treating physician requested a Utilization Review for a cervical MRI. The Utilization Review dated 8-20-15, 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, 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): 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. The request for an MRI of the cervical spine is not medically necessary.