

Case Number:	CM15-0185676		
Date Assigned:	09/25/2015	Date of Injury:	08/27/2014
Decision Date:	11/02/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/21/2015

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 20 year old female who sustained an industrial injury on 8-27-14. A review of the medical records indicates she is undergoing treatment for dizziness, insomnia, anxiety and depression, cervical strain and sprain, rotator cuff syndrome - shoulders, thoracic strain and sprain, and headaches. Medical records (8-12-15) indicate complaints of pain in the upper thoracic, bilateral cervical dorsal, bilateral mid and lower thoracic regions, as well as a headache. She rates her pain 8 out of 10 at its worst and 6 out of 10 at its best. She reports "numbness and tingling in the left cervical dorsal, right cervical dorsal, upper thoracic, cervical, left cervical and right cervical pain". She also complains of dizziness, "notable anxiety and stress", as well as insomnia. The physical exam reveals limitation in range of motion of the cervical spine. The records indicate that the treating provider is a new provider to the injured worker, as she "wishes to exercise her right to select a treating doctor of her choice". The previous medical records were requested. The injured worker reports that when taken to the emergency department immediately following the injury, diagnostic studies, including radiographs of the head, cervical spine, left shoulder, right shoulder, and thoracic spine were taken. No further diagnostic studies are included in the report. Treatment has included medications. The treating provider recommends an MRI of the cervical and thoracic spine, medications, including Naproxen 500mg twice daily, Prilosec 20mg every day, Fioricet 50-325-40, as well as physiotherapy twice weekly for three weeks for the cervical and thoracic spine, as well as the shoulders. The utilization review (8-22-15) includes a request for authorization of an MRI of the cervical spine. The request was deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG.

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 clinical findings without demonstrated correlating myotomal/dermatomal neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI for the Cervical Spine is not medically necessary or appropriate.