

Case Number:	CM15-0185723		
Date Assigned:	09/25/2015	Date of Injury:	07/09/2014
Decision Date:	11/02/2015	UR Denial Date:	08/21/2015
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: 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 53-year-old male who sustained an industrial injury July 9, 2014. Diagnoses related to this request have included cervical strain and rule out cervical disc protrusion. Documented treatment notes "improved with acupuncture, medication, and creams." Acupuncture notes are not provided in the medical records, but the physician states there are 8 sessions and to "continue." Medications are noted to include Naproxen, Omeprazole, Cyclo-benzaprine, and two compound creams. On 8-12-2015, the injured worker presented with complaints of "moderate," stabbing neck pain, which radiates to his left hand. He was experiencing tingling and weakness, reporting that it becomes worse when looking up, down, and when sitting. The physician's objective examination noted tenderness when palpating C6-C7 spinous processes and surrounding muscles, muscle spasm, and stated "cervical compression causes pain." Range of motion revealed extension at 35 degrees; flexion 24 degrees; left lateral bending 44 degrees; right lateral bending 35 degrees; left rotation at 46; and, right rotation at 50 degrees. There was no bruising, swelling, atrophy or lesions present. The treating physician's plan of care includes an MRI of the cervical spine, which was denied on 8-21-2015. Work status is light duty.

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. In this case, the claimant does have pain with neck compression but there were no reproducible neurological problems. In addition, the request was for x-rays, EMG and MRI of the cervical spine. The reasoning behind multiple tests is not justified by a logical sequence of results that need to be correlated to exam findings. As a result, the request for the MRI of the cervical spine is not medically necessary.