

Case Number:	CM15-0186870		
Date Assigned:	09/28/2015	Date of Injury:	01/07/2015
Decision Date:	11/06/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 29 year old male with a date of injury on 1-7-15. A review of the medical records indicates that the injured worker is undergoing treatment for neck and back pain. Progress report dated 8-11-15 reports intermittent back, buttocks, legs and left hip pain described as dull, sharp, achy, throbbing, spasmodic, stinging, shooting, and constricting. The pain is rated 4 out of 10 at rest and 8 out of 10 with activity. His activities of daily living are severely affected by the pain. Neck pain is dull, sharp, achy, throbbing, spasmodic, shooting and constricting. The pain radiates to the bilateral shoulders and is associated with weakness, numbness, locking, grinding, and swelling. He has complaints of occasional mid back pain with a dull ache and throbbing. Physical exam reveals the cervical and lumbar spine have tenderness, guarding, and spasm with restricted range of motion due to pain. Work status: partially disabled with work restrictions. Treatment to date includes medication, physical therapy and acupuncture. Prior x-ray and MRI done, results not found within given medical records. Request for authorization dated 8-11-15 was made for MRI without contrast of the cervical spine. Utilization review dated 8-29-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- Magnetic resonance imaging (MRI).

Decision rationale: MRI without contrast of cervical spine is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation does not indicate evidence of red flag findings or progressive neurological deficits. The documentation is not clear on whether the patient has had prior cervical imaging or radiographs. There are no objective cervical imaging reports from prior studies for review. Without clarification of this information or without red flag findings, the request for an MRI of the cervical spine is not medically necessary.