

Case Number:	CM15-0189708		
Date Assigned:	10/01/2015	Date of Injury:	03/01/1999
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old female, who sustained an industrial injury on 3-1-99. The injured worker is being treated for intractable lumbar pain, lumbar radiculopathy, diffused chronic myofascial pain, total knee replacement on right, left knee arthroscopic surgery, chronic cervical pain with radiculopathy, bilateral shoulder and elbow tendinosis, chronic headaches, depression and anxiety. Treatment to date has included Zomig (which is currently denied), Amitiza, Senna, Prevacid and Flexeril; physical therapy and activity modifications. Documentation does not include previous cervical imaging. On 8-4-15, the injured worker complains of her headaches being very severe to a point that she is unable to tolerate them with a significant increase in neck pain to which she is not able to move her head and neck around and position it overnight. She is totally disabled at this time. Physical exam performed on 8-4-15 revealed significant tenderness and spasm over the cervical spine with guarding and limited range of motion of cervical spine; it is also noted she is crying the entire visit. The treatment plan included a request for (MRI) magnetic resonance imaging of cervical spine and neurology evaluation for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: ACOEM guidelines recommend imaging studies when there is physiological evidence in the form of definitive neurological findings on PE, electrodiagnostic studies, laboratory testing or bone scans and unequivocal findings that identify specific nerve compromise on neurological exam are sufficient evidence to warrant imaging studies if symptoms persist. According to the documents available for review, the injured worker exhibits none of the aforementioned indications for cervical MRI or does he have a physical exam which would warrant the necessity of an MRI. Therefore, at this time, the requirements for treatment have not been met. Therefore the request is not medically necessary and has not been established.