

Case Number:	CM15-0193915		
Date Assigned:	10/07/2015	Date of Injury:	05/03/2013
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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 45-year-old female, with a reported date of injury of 05-03-2013. The diagnoses include cervical radiculitis syndrome. Treatments and evaluation to date have included Motrin and Hydrocodone-Acetaminophen. The diagnostic studies to date have not been included in the medical records provided. The orthopedic re-evaluation report dated 08-26-2015 indicates that the injured worker complained of persistent neck and right shoulder pain. The physical examination of the cervical spine showed muscle spasm of the posterior cervical musculature, increased pain toward terminal range of motion, and no tenderness to palpation of the posterior cervical musculature. The treatment plan included an MRI of the cervical spine as recommended in the agreed medical examination. The injured worker remained temporarily totally disabled. The treating physician requested an MRI of the cervical spine. On 09-25-2015, Utilization Review (UR) non-certified the request for an MRI of the cervical spine.

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, Section(s): Special Studies.

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 and Upper Back (Acute & Chronic) Chapter, under Magnetic resonance imaging.

Decision rationale: The patient presents with persistent neck and right shoulder pain. The request is for MRI Cervical Spine. The request for authorization is dated 09/18/15. Physical examination of the cervical spine reveals muscle spasm of the posterior cervical musculature. Increasing pain towards terminal range of motion. There is no tenderness to palpation of the posterior cervical musculature. Sensory exam reveals sensation intact with no dermatomal deficits bilaterally. Per progress report dated 08/26/15, the patient remains temporarily totally disabled. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. Per request for authorization form dated 09/18/15, treater's reason for the request is "AS PER AME [REDACTED]." Per AME report dated 07/10/15, examiner states, "MRI is recommended for the cervical spine and authorization should be granted and depending on results, further therapy or possible surgical intervention is indicated." However, treater does not discuss or document any signs of neurologic deficit. ODG requires neurologic signs and symptoms for an MRI. The patient does not present with any red flags, significant exam findings demonstrating neurologic deficit to consider an MRI. Therefore, the request is not medically necessary.