

Case Number:	CM15-0194039		
Date Assigned:	10/07/2015	Date of Injury:	09/19/2014
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
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: 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 73-year-old female who sustained an industrial injury on 9-19-2014. Diagnoses have included cervical spine radiculitis with both upper extremities and cervical spine sprain or strain with myofasciitis. On 7-31-2015, X-rays of the cervical spine were taken showing straightening of the normal cervical lordosis with osteopenia. An MRI is noted for another body part 4-2015, but there is no documentation in the provided medical records showing a previous MRI for the cervical spine. Documented treatment for this injury includes medication, visits with a pain specialist, home exercise, the physician is prescribing Ibuprofen ointment and lidocaine patches. The injured worker is scheduled to begin acupuncture sessions on 8-3-2015. On 7-31-2015 the injured worker reports ongoing neck pain with limited and painful range of motion. Examination reveals tenderness with palpation over the right paracervical and levator scapulae, as well as the base of the occiput. The treating physician's plan of care includes an MRI of the cervical spine "for diagnostic purposes." This was denied on 9- 10-2015. The injured worker has work restrictions but has been out of work for an unrelated medical diagnosis.

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, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment, Diagnostic Criteria.

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 nor 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 and the request is not medically necessary.