

Case Number:	CM15-0197048		
Date Assigned:	10/12/2015	Date of Injury:	08/26/2014
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 44 year old female, who sustained an industrial injury on 8-26-2014. The injured worker was being treated for cervicgia. Medical records (6-26-2015 to 8-31-2015) indicate ongoing neck pain with numbness and tingling in the left arm. The medical records show the subjective pain rating shows a slight increase from 7 out of 10 with medications and 9 out of 10 without medications on 6-26-2015 to 8 out of 10 with medications and 10 out of 10 without medications on 8-31-2015. The physical exam (6-26-2015 to 8-31-2015) reveals ongoing cervical tenderness, painful and decreased range of motion, tenderness of the paraspinal muscles, facet joints, left trapezius, and bilateral scapular. Diagnostic studies were not included in the provided medical records. Treatment has included acupuncture, work restrictions, off work, and medications including pain and non-steroidal anti-inflammatory. Per the treating physician (8-31-2015 report), the injured worker was to remain off work. The requested treatments included an MRI of the cervical spine. On 9-22-2015, the original utilization review non-certified a 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 of 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 Neck and Upper Back (Acute & Chronic, updated 06/25/2015), Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints pgs 177-178 regarding special studies (MRI), recommendations are made for MRI of cervical or thoracic spine when conservative care has failed over a 3-4 week period. Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid Surgery. Clarification of the anatomy prior to an invasive procedure. In this case the exam notes cited do not demonstrate any deficit neurologically or failed strengthening program prior to the request for MRI. In addition there are no objective findings in the medical record to indicate worsening of the condition to suggest a new MRI would offer any new information from the MRI from 10/27/14. Therefore the request is not medically necessary.