

Case Number:	CM15-0200270		
Date Assigned:	10/15/2015	Date of Injury:	05/26/2012
Decision Date:	11/24/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 40 year old female, who sustained an industrial injury on 5-26-2012. Medical records indicate the worker is undergoing treatment for cervicgia. A recent progress report dated 9-25-2015, reported the injured worker complained of neck pain radiating down the right upper extremity, rated 5-6 out of 10. Symptoms and complaints are unchanged since the visit on 3-18-2015. Physical examination revealed restricted flexion of 30 degrees and extension of 30 degrees but with normal rotation and cervical paravertebral tenderness. Treatment to date has included physical therapy, Norco and Gabapentin. On 10-5-2015, the Request for Authorization requested MRI of the Cervical Spine without Contrast as an outpatient. On 10-13-2015, the Utilization Review noncertified the request for MRI of the Cervical Spine without Contrast as an outpatient.

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 without Contrast as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, MRI.

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

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 303, Back, regarding imaging. This claimant was injured in 2012 and has neck pain. Medical records indicate the worker is undergoing treatment for cervicalgia. A recent progress report dated 9-25-2015, reported the injured worker complained of neck pain radiating down the right upper extremity, rated 5-6 out of 10. Symptoms and complaints are unchanged since the visit on 3-18-2015. Although there is subjective information presented in regarding pain with radiation, there are no accompanying objective physical signs, and no documentation of neurologic progression. The case would therefore not meet the MTUS-ACOEM criteria for cervical magnetic imaging, due to the lack of objective, unequivocal neurologic physical examination findings documenting either a new radiculopathy, or a significant change in a previously documented radiculopathy. The guide's 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The request is appropriately non-certified. Therefore, the request is not medically necessary.