

Case Number:	CM15-0200619		
Date Assigned:	10/15/2015	Date of Injury:	12/29/2010
Decision Date:	11/24/2015	UR Denial Date:	10/12/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 63 year old female with an industrial injury dated 12-29-2010. A review of the medical records indicates that the injured worker is undergoing treatment for fibrosis, neck pain, cervical radiculopathy and degeneration of cervical intervertebral disc. According to the progress note dated 09-22-2015, the injured worker reported increasing neck pain. Pain level was 6-7 out of 10 on a visual analog scale (VAS). The pain is exacerbated with activities and alleviated with oral pain medications. Objective findings (09-22-2015) revealed limited cervical range of motion by 80% of normal. Physical exam also revealed that extension causes facet loading pain and palpitation of the cervical facets also elicits facet tenderness. Ipsilateral rotation causes radicular pain in the arm. There is persistent paresthesia in bilateral C7 dermatomes. In a progress report dated 07-23-2015, the treating physician reported that the Cervical Magnetic Resonance Imaging (MRI) dated 12-06-2011 revealed multilevel degenerative disc disease with cord effacement at C4-7 and T1 with spinal stenosis. Treatment to date has included Magnetic Resonance Imaging (MRI) of cervical spine in 2011, prescribed medications, activity restrictions, home exercise, massage therapy, and chiropractic treatment with minimal or temporary relief. The injured worker is permanent and stationary and has not worked since 2011. The treating physician prescribed services for updated MRI of the cervical spine. The utilization review dated 10-12-2015, non-certified the request for 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 the 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 rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: 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. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for imaging of the neck and the request is not medically necessary.