

Case Number:	CM15-0204110		
Date Assigned:	10/20/2015	Date of Injury:	08/22/2015
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/16/2015

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: Physical Medicine & Rehabilitation, 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:

This is a 52-year-old female with a date of industrial injury 8-22-2015. The medical records indicated the injured worker (IW) was treated for cervical spine sprain-strain with myofasciitis. In the Doctor's First Report (9-17-15), the IW reported chin pain and constant neck pain radiating into the bilateral shoulder joints and shoulder blades. She stated she had numbness and tingling in the neck. The pain increased with lifting, turning her head and prolonged sitting. Daily activities of living such as grooming and bathing increased her pain. The notes dated 9-4-15 stated the IW reported intermittent neck pain and she denied pain with movement of the neck. On examination (9-17-15 notes), there was a normal attitude of comfort with shoulders level. The midline of the neck and the bilateral upper trapezius and levator scapulae were tender to palpation. No spasms were present. Spurling's test was negative. Axial compression testing was painless. Range of motion was limited and painful. Treatments included lying down, ice, physical therapy (unable to participate due to pain) and Tylenol. X-ray of the cervical spine on 9-17-15 showed reversal of normal lordosis and space narrowing at C5-6, per the provider's report. The provider requested an MRI for diagnostic purposes. A Request for Authorization was received for an MRI of the cervical spine. The Utilization Review on 10-5-15 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work injury on 08/22/15 when she tripped over a ladder falling forwards striking her chin. She was seen in an emergency room. X-rays were done including x-rays of the cervical spine, which were negative for fracture. On 08/28/15, she had chest, knee, neck, shoulder, and wrist pain. Complaints included posterior neck pain, which was moderately severe. She was not having any arm pain, numbness, tingling, or weakness. She was referred for physical therapy. The requesting provider for an initial evaluation on 09/17/15 saw her. She had been unable to tolerate physical therapy. She had complaints including neck pain radiating into the shoulders with numbness and tingling of the neck. She had increased pain with lifting, turning her head, and prolonged sitting. She was having difficulty sleeping. Physical examination findings included midline cervical and bilateral upper trapezius and levator scapular tenderness. Spurling's and axial compression testing was negative. There was decreased and painful cervical spine range of motion. There was decreased and painful shoulder range of motion with decreased left shoulder strength. Her body mass index was over 33. An x-ray of the cervical spine was obtained showing disc space narrowing at C5/6 without soft tissue abnormality. Authorization was requested for MRI scans of her left shoulder and cervical spine. Applicable criteria for obtaining an MRI of the cervical spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there are no identified red flags or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan. The claimant has x-rays, which were negative for acute findings with disc space narrowing and without soft tissue abnormality, which would be consistent with chronic findings. When requested, a cervical spine MRI was not medically necessary.