

Case Number:	CM15-0204111		
Date Assigned:	10/20/2015	Date of Injury:	11/28/2012
Decision Date:	12/02/2015	UR Denial Date:	09/19/2015
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 injured worker is a 48 year old female, who sustained an industrial injury on 11-28-2012. The injured worker was diagnosed as having cervical industrial disc injury and cervical tension headache. On medical records dated 08-25-2015 the subjective complaints were noted as headache, neck pain and shoulder pain. Pain was noted as 7 out of 10. Objective findings were noted as cerebral, cerebellar and cranial nerves intact. Treatments to date included medication and physical therapy of lumbar spine. Laboratory studied was performed. Current medications were listed as Naprosyn, omeprazole, Duloxetine, Gemfibrozil and hydrocodone. The Utilization Review (UR) was dated 09-19-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for was MRI of the cervical spine non-certified.

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: 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: He claimant sustained a work injury in November 2012 when she [REDACTED] had low back and left hand pain. She underwent a left carpal tunnel release in July 2015. When seen, she was still recovering from surgery. She had bilateral shoulder, bilateral elbow, neck, and jaw pain. She had not started physical therapy. Physical examination findings included bilateral wrist tenderness. There was bilateral medial and lateral epicondyle tenderness. There was decreased shoulder range of motion. She had decreased cervical spine range of motion and paracervical tenderness. Norco was prescribed. There was a pending neurosurgery evaluation. In September 2015 authorization was requested for additional testing including cervical spine x-rays with flexion/extension views and an MRI of the cervical spine. For the evaluation of the patient with chronic neck pain, anteroposterior, lateral, and open mouth plain x-ray should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. In this case, plain film x-rays were also requested. This would be the initial recommended evaluation and without review of these results and in the absence of radiculopathy with severe or progressive neurologic deficit a cervical spine MRI scan is not considered medically necessary.