

Case Number:	CM15-0204138		
Date Assigned:	10/20/2015	Date of Injury:	01/22/2011
Decision Date:	12/09/2015	UR Denial Date:	09/21/2015
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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male with an industrial injury dated 01-22-2011. A review of the medical records indicates that the injured worker is undergoing treatment for traumatic brain injury with headaches, cervical spine sprain and strain and bilateral upper extremity radiculopathy and spondylosis at C5-6. In an exam form dated 07-08-2015, the injured worker reported bilateral neck pain and bilateral shoulder pain. The injured worker rated neck pain a 4 out of 10. Cervical spine exam (07-08-2015) revealed decreased cervical range of motion limited by pain, tenderness in the upper trapezius and paraspinal, and tenderness to palpitation of the occiput, bilateral C4 and C6 on the left. Some documents within the submitted medical records are difficult to decipher. According to the progress note dated 09-11-2015, the injured worker reported lumbar spine pain, bilateral shoulder pain and intermittent cervical spine pain. Pain level was 6-7 out of 10 on a visual analog scale (VAS) for the cervical spine. The injured worker reported that the pain is worse in the a.m. and increase with turning head. Objective findings (09-11-2015) revealed antalgic gait with stiffness and use of a cane. Cervical spine exam (09-11-2015) was not documented. The treating physician reported that the X-ray of the cervical spine dated 04-21-2015 revealed subtle reversal of the cervical lordosis and discogenic spondylosis at C5-6. Treatment has included X-ray of the cervical spine, prescribed medications, and periodic follow up visits. The utilization review dated 09-21-2015, 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: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with pain affecting the cervical spine and left shoulder. The current request is for MRI of the cervical spine. The treating physician states in the report dated 9/29/15, "Please also note that the patient underwent a panel QME with [REDACTED], who has also recommended MRI of the cervical spine to rule out herniated cervical disc if the neck pain is persistent." (14B) The ODG Guidelines state that a cervical MRI is recommended if the patient has, "Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present or Neck pain with radiculopathy if severe or progressive neurologic deficit." In this case, the treating physician has documented that the patient has persistent neck pain and the patient has not had a cervical MRI in the past. The current request is medically necessary.