

Case Number:	CM15-0206068		
Date Assigned:	10/22/2015	Date of Injury:	08/01/2013
Decision Date:	12/04/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/20/2015

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, Massachusetts

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(n) 54 year old male, who sustained an industrial injury on 8-1-13. The injured worker was diagnosed as having cervicalgia. Xray imaging from 2/3/15 of the cervical spine were normal with evidence of early degenerative disc disease. Subjective findings (5-18-15, 6-17-15, 8-5-15, 9-2-15 and 9-30-15) indicated neck pain and burning that cause headaches and difficulty with cervical hyperextension. There is no documentation of current pain level in the cervical spine. Objective findings (5-18-15, 6-17-15, 8-5-15, 9-2-15 and 9-30-15) revealed tenderness over the cervical spine at C5-C6, limited range of motion especially to the left and a negative Spurling's maneuver. There was also mild tenderness to palpation on the left paraspinal and upper trapezius muscles. Treatment to date has included Ultram, Relafen, Gabapentin and Methoderm gel. The Utilization Review dated 10-19-15, non-certified the request for a cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI scan of the cervical spine, per 9/30/15 order: 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): Follow-up Visits.

Decision rationale: According to ACOEM guidelines referenced by MTUS, cervical MRI is an appropriate diagnostic study 'if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures).' From my review of the records there is lacking clinical evidence from the reported symptoms and physical exam findings to indicate that tissue insult or nerve impairment is the potential cause of the IW's chronic pain. Reported pain levels are not neuropathic in nature and do not suggest a cervical radiculopathy, and physical exam was negative for neurological findings such as provocative tests and strength and sensation. Considering that there have been no reported findings that would suggest that MRI of the cervical spine would be clinically useful, based on the cited guidelines the requested imaging study is not medically appropriate at this time.