

Case Number:	CM15-0207217		
Date Assigned:	10/26/2015	Date of Injury:	09/22/2001
Decision Date:	12/07/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/21/2015

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

Certification(s)/Specialty: Emergency 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:

This is a 53 year old female with a date of injury on 9-22-01. A review of the medical record indicates that the injured worker is undergoing treatment for chronic neck and back pain. Progress report dated 10-9-15 reports continued complaints of intractable lower back pain rated 6 out 10. She has decreased quality of life down to 36 percent of out 100. She reports significant social stress. She takes Norco which reduces her pain by 30 percent and increases function by 30 percent. Objective findings: cervical spine tightness noted and lumbar trigger points noted bilaterally. MRI of lumbar spine 4-28-13 reveals small right para-central broad based disc protrusion, mild bilateral facet hypertrophy and multiple hemangiomas throughout the lumbar vertebrae. Lumbar x-rays 4-4-03 reveal mild lumbar dextroscoliosis and mild bilateral degenerative facet disease. Treatments include: medication, physical therapy, chiropractic and injections. Request for authorization was made for MRI (magnetic resonance imaging), Cervical spine. Utilization review dated 10-16-15 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), 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 requested MRI (magnetic resonance imaging), cervical spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has chronic neck and back pain. Progress report dated 10-9-15 reports continued complaints of intractable lower back pain rated 6 out 10. She has decreased quality of life down to 36 percent of out 100. She reports significant social stress. She takes Norco which reduces her pain by 30 percent and increases function by 30 percent. Objective findings: cervical spine tightness noted and lumbar trigger points noted bilaterally. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling s sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI (magnetic resonance imaging), Cervical spine is not medically necessary.