

Case Number:	CM15-0020086		
Date Assigned:	02/09/2015	Date of Injury:	11/21/2014
Decision Date:	03/26/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on 11/21/2014. The diagnoses have included cervical spine sprain/strain, referred pain to both shoulders, contusion to left ribs and upper abdomen, and lumbar spine sprain/strain. Noted treatments to date have included medications. Diagnostics to date have included x-ray of the pelvis on 11/24/2014 which showed no obvious fractures and x-ray of the ribs on 11/24/2014 in which no rib fracture was identified. In a progress note dated 01/13/2015, the injured worker presented with complaints of constant pain and stiffness to his neck with occasional headaches and radiating pain to the upper back and both shoulders, worse on the left, constant pain in his left rib cage and upper abdominal region, and constant pain to his low back radiating into the left hip. The treating physician reported requesting authorization for MRI of the cervical spine and lumbar spine to rule out any disc herniations. Utilization Review determination on 01/19/2015 non-certified the request for MRI Cervical citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical: Upheld

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 Neck section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker's working diagnosis of cervical spine sprain and strain rule out a herniated cervical disc; referred pain to both shoulders, worse left; contusion left ribs and upper abdomen; lumbar spine sprain and strain R/O herniated lumbar disc. Subjectively, the injured worker complained of constant pain and stiffness to the neck with occasional headache and pain radiating to the upper back and both shoulders. Objectively, there is tenderness palpation over the para-axial musculature of the cervical spine. There are no neurologic objective findings noted. There were no motor deficits and there were no sensory deficits. There were no plain x-rays available for review. The indications include radiographic imaging and a neurologic deficit for an MRI to be indicated. There are no radiographic films in the medical record and there is no neurologic deficit. Consequently, absent clinical documentation with objective clinical findings and radiographic documentation, MRI cervical spine is not medically necessary.