

Case Number:	CM15-0020119		
Date Assigned:	02/09/2015	Date of Injury:	09/02/2011
Decision Date:	04/17/2015	UR Denial Date:	01/15/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial slip and fall injury to her right knee, right wrist and neck on September 2, 2011. The injured worker was diagnosed with cervical displacement of intervertebral disc, cervical neuritis/radiculitis, right shoulder impingement and headaches. According to the primary treating physician's progress report on December 23, 2014, the injured worker continues to experience neck stiffness and pain, ongoing headaches and right shoulder pain with numbness of the hand. On examination the injured worker had tenderness and tightness of the neck with flexion and extension at 45 degrees. Right shoulder flexion and abduction was 100 degrees. The injured worker underwent knee surgery (no documented date or procedure). Currently wears a knee brace, uses a cane and ambulates with a limp. Current medications consist of Tramadol, Soma and Elavil. Current treatment modalities consist of braces to the right knee and right wrist, home exercises, transcutaneous electrical nerve stimulation (TEN's) unit and medication. The most recent magnetic resonance imaging (MRI) was noted in December 2011 demonstrating C4-5 and C5-6 with disc protrusion. The injured worker is on temporary total disability (TTD). The treating physician requested authorization for Magnetic Resonance Imaging (MRI) of the Cervical Spine. On January 15, 2015 the Utilization Review denied certification for Magnetic Resonance Imaging (MRI) of the Cervical Spine. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 8, page 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged since previous MRI in 2011. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the neck and the request is not certified.