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| Case Number: | CM15-0020519 | | |
| Date Assigned: | 02/10/2015 | Date of Injury: | 04/29/2013 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/26/2015 |
| 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 54 year old male who sustained an industrial injury on 04/29/2013. Current diagnoses include chronic pain syndrome, cervical spine pain, cervical disc pain, cervical spine degenerative disc disease, cervical facet arthropathy, cervical spine stenosis, cervical spine radiculitis, myalgia, numbness, rotator cuff tear, SLAP tear, acromioclavicular joint degeneration, tendinosis, and degenerative joint disease. Previous treatments included medication management, chiropractic treatments, massage, cervical epidural steroid injection, and physical therapy. Report dated 01/08/2015 noted that the injured worker presented with complaints that included neck and right shoulder pain with more persistent facial numbness. Physical examination was positive for abnormal findings. Utilization review performed on 01/26/2015 non-certified a prescription for MRI of the cervical spine, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper Back, MRI

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. The evidence did show neurologic dysfunction but the patient had a previous cervical MRI in 2013 with no significant changes in physical exam since then. There is no planned invasive procedure. Therefore, criteria have not been met for a MRI of the neck and the request is not certified.