

Case Number:	CM15-0021592		
Date Assigned:	02/11/2015	Date of Injury:	06/11/2014
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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: Arizona, California
 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 46 year old female, who sustained an industrial injury on June 11, 2014. She has reported a neck injury. The diagnoses have included cervical spine sprain/strain with radicular symptoms. Treatment to date has included physical therapy, acupuncture, medications, occupational therapy, and work modifications. Currently, the IW complains of neck pain with numbness and tingling of the upper extremities. She also reports some weakness. Physical findings are noted as cervical spine range of motion with flexion 50 degrees, extension 35 degrees, right and left bending 25 degrees, and right and left rotation 60 degrees. The records indicate electrodiagnostic studies were completed and shown to be within normal limits. The Utilization Review indicates previous request and denial for magnetic resonance imaging of the cervical spine due to the injured worker not having received therapy. On January 28, 2015, Utilization Review non-certified a magnetic resonance imaging of the cervical spine without contrast dye. The MTUS, ACOEM, and ODG guidelines were cited. On February 4, 2015, the injured worker submitted an application for IMR for review of magnetic resonance imaging of the cervical spine without contrast dye.

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): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant's symptoms on 12/17/14 indicated tenderness in the cervical spine with limited range of motion. The neurological examination was normal. The request for an MRI of the cervical spine is not medically necessary.