

Case Number:	CM15-0022080		
Date Assigned:	02/10/2015	Date of Injury:	07/05/2013
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: 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 33 year old female, who sustained an industrial injury on 07/05/2013. She has reported neck pain and low back pain. The diagnoses have included lumbar back pain; neck pain; and right S1 radiculopathy in the S1 nerve root distribution. Treatment to date has included medications, physical therapy, and aquatic therapy. Medications have included Naproxen, Tramadol, Carisoprodol, and Cyclobenzaprine. Currently, the injured worker complains of severe bilateral low back pain described as intermittent, sharp, stabbing, and burning; and symptoms radiate to right lower extremity with weakness of the right leg. A progress report from the treating physician, dated 11/07/2014, reported objective findings to include severe tenderness to palpation with light touch in paired locations; straight leg raise positive on right; heavy guarding and limited movement due to pain; and antalgic gait. The treatment plan included continuation of medications as directed; and follow-up evaluation in one month. Request is being made for an MRI of the cervical spine. On 01/26/2015 Utilization Review non-certified a prescription for an MRI of Cervical Spine. The CA MTUS ACOEM was cited. On 02/05/2015, the injured worker submitted an application for IMR for review of MRI of Cervical Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 379.

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 had exam findings consistent with a strain rather than discogenic neurologic sequelae. Other abnormal findings were related to the lumbar spine. The request for an MRI of the cervical spine is not medically necessary.