MAXIMUS Federal Services

Case Number:	CM15-0022649		
Date Assigned:	02/12/2015	Date of Injury:	07/20/2000
Decision Date:	03/25/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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
Certification(s)/Specialty: Emergency 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 69-year-old male who sustained an industrial injury on 7/20/00. The injured worker reported symptoms in the cervical spine and neck. The diagnoses included chronic cervical disc strain/sprain with disc bulges and radiculopathy. Treatments to date include oral pain medications. In a progress note dated 1/13/15 the treating provider reports the injured worker was with neck pain and upon physical examination of the cervical spine noted "decreased motion, noted diffuse spasm and trigger points of pain with positive Spurling's finding bilaterally." On 1/29/15 Utilization Review non-certified the request for a magnetic resonance imaging scan of the cervical spine (neck) as an outpatient. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Scan of the Cervical Spine (Neck) As an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested MRI Scan of The Cervical Spine (Neck) As an Outpatient is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has neck pain and upon physical examination of the cervical spine noted "decreased motion, noted diffuse spasm and trigger points of pain with positive Spurling's finding bilaterally. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI Scan of The Cervical Spine (Neck) As an Outpatient is not medically necessary.