

Case Number:	CM15-0022890		
Date Assigned:	02/12/2015	Date of Injury:	05/23/2013
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
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 38-year-old female, who sustained an industrial injury on May 23, 2013. She has reported neck pain, scapular pain, anterior thoracic pain, and thoracic pain. The diagnoses have included Pain in the thoracic spine and cervicalgia. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications, and work duty modifications. Currently, the IW complains of neck pain, scapular pain, anterior thoracic pain and thoracic pain. The injured worker reported an industrial injury in 2013, resulting in chronic neck and head pain as previously noted. She was treated conservatively with physical therapy and chiropractic care without resolution of the pain. On October 2, 2014, evaluation revealed continued pain. She was noted to have been a long time pain medication user. A pain injection was recommended. On November 7, 2014, evaluation revealed continued pain and migraines. Pain medications were renewed. On December 18, 2014, evaluation revealed continued pain. An updated magnetic resonance image was requested. On December 31, 2014, Utilization Review non-certified a request for MRI for Cervical Spine without Contrast, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 31, 2015, the injured worker submitted an application for IMR for review of requested MRI for Cervical Spine without Contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for Cervical Spine Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The requested MRI for Cervical Spine without Contrast 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, scapular pain, anterior thoracic pain, and thoracic pain. The treating physician has documented a November 4, 2014 cervical spine x-ray, reported as showing C5-6 mild spondylosis. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling sign or deficits in dermatomal sensation, reflexes, or muscle strength. The criteria noted above not having been met, MRI for Cervical Spine without contrast is not medically necessary.