

Case Number:	CM15-0023046		
Date Assigned:	03/25/2015	Date of Injury:	11/22/2012
Decision Date:	05/01/2015	UR Denial Date:	02/03/2015
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: Physical Medicine & Rehabilitation

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 37 year old male, who sustained an industrial injury on 11/22/2012. He reported acute onset of neck pain after being struck on the right shoulder by a platform and having a coworker fall on him, causing him to fall. He had a T11 fracture confirmed by computerized tomography (CT) scan. The diagnoses have included chronic cervical and thoracic myofascial pain, lumbosacral sprain/strain and depression. Treatment to date has included a lumbar support brace and medication. According to the doctor's first report of occupational injury or illness dated 1/9/2015, the injured worker complained of neck and upper back pain. He also complained of bilateral lower back and hip pain. He had occasional sharp pains in his posterior thigh on the right and posterior calf on the right. Physical exam revealed bilateral rotator cuff tenderness. There was right paracervical tenderness from C4 to C7-T1. There was right parathoracic tenderness from T1-T7. The treatment plan was for Ultracet for pain control. He was to be sent for a cervical magnetic resonance imaging (MRI) scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and upper back chapter, MRI.

Decision rationale: The patient presents with pain and weakness in his neck, right shoulder, mid back and lower extremity. The request is for MRI of the cervical spine. Per 01/19/15 progress report, examination reveals no cervical adenopathy. The patient is currently not working. MTUS guidelines do not discuss MRIs. The ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ACOEM guidelines do not recommend it unless there is an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. ODG guidelines support MRI's of C-spine if there is "progressive neurologic deficit" present with radiculopathy. In this case, the treater does not explain why another MRI is being requested when the patient had a previous MRI on 04/05/13. MRI of the cervical spine from 04/05/13 shows moderate left C7 neuroforaminal narrowing due to posterolateral extent of small disc osteophyte complex at C6-7. There has been no intervening new injury, neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure, or red flags to warrant another MRI. The request is not medically necessary.