

Case Number:	CM15-0024016		
Date Assigned:	02/13/2015	Date of Injury:	07/09/2014
Decision Date:	03/27/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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 44 year old male, who sustained an industrial injury on July 9, 2014. He has reported neck and back injuries. The diagnoses have included myofascial pain, cervical sprain and strain, thoracic sprain and strain. Treatment to date has included medications, transcutaneous electrical nerve stimulation, and a home exercise program. Currently, the IW complains of increased neck stiffness, and a pain level of 3. Current physical findings are noted to be unchanged from previous examination, and in no acute distress. He is noted to be working regular fully duty. On January 27, 2015, Utilization Review non-certified magnetic resonance imaging of the cervical spine without contrast. The ACOEM and MTUS guidelines were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of magnetic resonance imaging of the 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 of the Cervical Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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 were stable. The request for an MRI of the cervical spine is not medically necessary.