

Case Number:	CM15-0024497		
Date Assigned:	02/17/2015	Date of Injury:	12/03/2012
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54 year old male, who sustained an industrial injury on 12/3/2012. He reports neck pain after hitting large bumps while driving. Diagnoses include chronic neck pain and headaches. Treatments to date include epidural steroid injection and medication management. A progress note from the treating provider dated 9/15/2014 indicates the injured worker reported pain in the neck and headaches and a high pitched whine in the right ear. On 1/20/2015, Utilization Review non-certified the request for magnetic resonance imaging of the spine, citing MTUS and ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Neck Spine w/o Dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This 54 year old male has complained of neck pain since date of injury 12/3/12. He has been treated with epidural steroid injection, physical therapy and medications. The current request is for MRI of the neck/spine. Per the MTUS guidelines cited above, an imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for four to six weeks or more when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology, such as a tumor. There is no documentation of an upcoming planned surgery nor is there documentation of a change in neurologic exam since the patient's last MRI of the cervical spine. On the basis of the available medical documentation and per the MTUS guidelines cited above, MRI of the cervical spine is not indicated as medically necessary.