

Case Number:	CM15-0026649		
Date Assigned:	02/19/2015	Date of Injury:	09/27/2012
Decision Date:	04/21/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/12/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, 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 51 year old male, who sustained an industrial injury on 9/27/2012. He has reported back and neck pain following getting hit by a car. The diagnoses have included cervical spine with multilevel disc herniation with bilateral radiculitis and lumbar spine with multilevel herniation with bilateral radiculitis. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, twenty four (24) physical therapy sessions and twelve (12) acupuncture therapy sessions. Requests for epidural steroid injections were denied. Currently, the IW complains of neck and back pain rated 9/10 VAS with left lower radicular pain. On 1/21/15, the physical examination documented muscle spasms and tenderness to bilateral cervical and lumbar regions. Compressions test and straight leg tests were positive. Range of Motion (ROM) of cervical and lumbar spine areas was decreased. The plan of care included repeat Magnetic Resonance Imaging (MRI) of cervical and lumbar spine due to increased signs and symptoms, repeat urine toxicology per guidelines, and continuation of medication as previously prescribed. On 2/2/2015 Utilization Review non-certified a Magnetic Resonance Imaging (MRI) cervical spine, noting the documentation did not support the need for a repeat Magnetic Resonance Imaging (MRI). The ODG Guidelines were cited. On 2/12/2015, the injured worker submitted an application for IMR for review of Magnetic Resonance Imaging (MRI) cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment Index, 11th Edition (web), 2014, Neck and Upper Back, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure." ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging." Indications for imaging; MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit. The treating physician has not provided evidence of red flags to meet the criteria above. As such the request for MRI Cervical spine is not medically necessary.