

Case Number:	CM15-0027209		
Date Assigned:	02/19/2015	Date of Injury:	03/25/2013
Decision Date:	03/30/2015	UR Denial Date:	01/30/2015
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: North Carolina
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 35 year old female who sustained an industrial injury on March 25, 2013. She has reported pain in the cervical spine and has been diagnosed with cervical spine fusion, cervical spine radiculopathy, right shoulder impingement syndrome/tendonitis, and thoracic spine radiculitis. Treatment has included surgery, trigger point injections, physical therapy, acupuncture, and medications. Currently the injured worker complains of pain in the cervical spine which radiates down the right upper extremity with weakness in the right upper extremity. The treatment plan included an MRI of the cervical spine. On February 2, 2015 Utilization Review form non certified MRI of the cervical spine citing the MTUS guidelines.

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): 177 - 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies 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* Clarification of the anatomy prior to an invasive procedure The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the neck and the request is not certified.