

Case Number:	CM15-0216127		
Date Assigned:	11/05/2015	Date of Injury:	05/11/2015
Decision Date:	12/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/03/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 68 year old male who reported an industrial injury on 5-11-2015. His diagnoses, and or impressions, were noted to include: bilateral cervical sprains-strains; cervical spine degenerative disc disease and myofasciitis; and late effects of motor vehicle accident. Magnetic resonance imaging studies of the chest, head and shoulder were said to have been done at the Emergency Room on 5-11-2015, with reported negative findings. His treatments were noted to include: Emergency Room visit & care; physical therapy; medication management; and modified work duties. The progress notes of 8-11-2015 reported complaints, which included: constant neck pain, > on the left, with popping and cracking, that was increased with flexion-type movements and when driving, and was diminished with medication (Motrin). The objective findings were noted to include: normal attitude of comfort with shoulders level; no cervical collar being worn; tenderness over the left upper trapezius and left levator scapulae; limited and painful cervical range-of-motion; and review of radiographs of the cervical spine which noted mild diffuse osteopenia, and degenerative cervical changes with disc space narrowing. The physician's requests for treatment were noted to include MRI of the cervical spine. The Request for Authorization, dated 8-24-2015, was noted to include MRI of the cervical spine. The Utilization Review of 10-1-2015 non-certified the request for MRI of the 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: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. 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 available medical record does not demonstrate evidence of a "red flag" diagnosis. Also, the radiographs do not demonstrate spondylosis, margin destruction or old trauma and the available physical examinations do not demonstrate any focal neuro deficit. As such, the request for MRI cervical spine is deemed not medically necessary.