

Case Number:	CM15-0223103		
Date Assigned:	11/19/2015	Date of Injury:	06/03/2014
Decision Date:	12/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/12/2015

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: New Jersey

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:

This is a 54 year old female with a date of injury on 6-3-14. A review of the medical records indicates that the injured worker is undergoing treatment for lower back, neck and right and left hip pain. Progress report dated 9-23-15 reports continued complaints of left shoulder, right hip, lumbar spine and cervical spine pain. He reports worsened pain to all body parts since the last visit. The pain is rated 9 out of 10. Objective findings: tenderness over lateral shoulder, pain in right hip, cervical spine and soreness in lumbar spine due to recent surgery. X-rays taken of thoracic and lumbar spine show loss of lumbar lordosis. Treatments include: medication, physical therapy, lumbar laminectomy and discectomy 8-27-15, cortisone injections. Request for authorization was made for MRI of the cervical spine. Utilization review dated 10-12-15 non-certified the request.

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 Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. Upon review of the recent notes in the case of this worker, there were no found significant findings to warrant MRI of the cervical spine. Provocative testing was normal and no sensory testing or other testing was performed recently to help identify any possible neurological compromise. Without any signs or symptoms indicative of this, MRI of the cervical spine will be considered medically unnecessary at this time.