

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0223720 | | |
| Date Assigned: | 11/19/2015 | Date of Injury: | 08/09/2015 |
| Decision Date: | 12/31/2015 | UR Denial Date: | 11/04/2015 |
| Priority: | Standard | Application Received: | 11/13/2015 |

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29 year old female sustained an industrial injury on 8-10-15. Documentation indicated that the injured worker was receiving treatment for cervical spine sprain and strain. Previous treatment included chiropractic therapy (ten sessions), acupuncture and medications. In a PR-2 dated 10-30-15, the injured worker complained of intermittent "moderately severe" neck pain aggravated with neck flexion and extension. The injured worker denied any pain, numbness, tingling or weakness in the upper extremities. The injured worker stated that chiropractic therapy was helpful. Physical exam was remarkable for cervical spine with loss of cervical lordosis, tenderness to palpation to the paraspinal musculature, sternocleidomastoid and trapezius and restricted range of motion: flexion 35 degrees and extension 45 with intact muscle strength, 2+ reflexes in bilateral upper extremities with intact sensation and motor strength. The physician recommended Baclofen, physical therapy and cervical spine magnetic resonance imaging due to cervical strain no significantly improved in 81 days. On 11-4-15, Utilization Review noncertified a request for magnetic resonance imaging without contrast for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the cervical spine: Upheld

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

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 chapter, under Magnetic Resonance Imaging.

Decision rationale: The current request is for an MRI WITHOUT CONTRAST OF THE CERVICAL SPINE. Previous treatment included chiropractic therapy (ten sessions), acupuncture, physical therapy and medications. The patient may return to modified duty. MTUS/ACOEM Guidelines, Neck Complaints, chapter 8, page 177 and 178, state Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Official Disability Guidelines, Neck chapter, under Magnetic Resonance Imaging has the following: 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. Patients who do not fall into this category should have a three- view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Per report 10/2315, the patient presents with moderately severe neck pain and pain down the arm. Physical examination of the cervical spine revealed loss of cervical lordosis, tenderness to palpation to the paraspinal musculature, and 2+ reflexes in bilateral upper extremities. Range of motion was normal and there is no evidence of radiating pain to the upper extremities on cervical motion. Spurling's, Phalen's, Tinel's and Finkelstein test are all negative. Sensory is intact, and motor strength is within normal range. The treater states I will order an MRI of the cervical neck as she has been having radicular symptoms down the right arm. There is no indication of a prior cervical MRI. ACOEM states that: Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging. This patient complained of pain down the arm, but examination findings were all within normal limits with intact sensory, normal strength, and no evidence of radiating pain. Given the lack of neurological deficits on examination, the MRI of the c-spine is not indicated. Therefore, the request IS NOT medically necessary.