

Case Number:	CM15-0030789		
Date Assigned:	02/24/2015	Date of Injury:	04/30/2012
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 49-year-old male reported a work-related injury on 04/30/2012. According to the progress notes from the treating provider dated 12/11/14, the injured worker (IW) reports neck pain rated 4/10 and left shoulder pain rated 6/10. The x-ray report of the cervical spine dated 12/1/14 shows mild right-sided foraminal narrowing at C3-4. Diagnoses are listed as rule-out herniated disc of the cervical spine and rule-out left shoulder impingement. Previous treatments were not included in the documentation reviewed. The treating provider requests a cervical MRI. The Utilization Review on 01/27/2015 non-certified the request for a cervical MRI. References cited were CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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 submitted documentation of imaging of cervical spine in December, 2014. The images documented some forminal narrowing and some mild degenerative changes but did not document any of the necessary criteria required by guidelines to warrant an MRI of the cervical spine at this time. The treating physician has not provided evidence of red flags to meet the criteria above. As, such the request for Cervical MRI is not medically necessary.