

Case Number:	CM15-0031766		
Date Assigned:	02/25/2015	Date of Injury:	07/04/2012
Decision Date:	05/12/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/19/2015

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, North Carolina, Virginia
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 27 year old woman sustained an industrial injury on 7/4/2012. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain/strain, lumbar spine sprain/strain, lumbosacral intervertebral disc displacement, knee sprain/strain, anxiety, depression, and fibromyalgia. Treatment has included oral medications and physical therapy. Physician notes on a PR-2 dated 1/12/2015 show complaints of cervical and lumbar spine and right knee pain. Recommendations include neurological evaluation, cervical spine MRI, and psychiatric evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical MRI Scans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Neck and upper back chapter. MRI section.

Decision rationale: 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. In this instance, the injured worker complained of neck pain at the 8-27-2014 and 1-12-2015 physician visits. There were complaints of radiating pain on 8-27-2014. The physical exam has shown tenderness of the cervical spine with diminished range of motion. However, on 8-20-2014 there was no numbness or tingling on review of symptoms. The submitted medical record contains no physical examination findings regarding upper extremity strength, reflexes, or sensation. The medical record does not make reference to cervical spinal x-rays or any conservative treatment of the neck pain per se. There is no evidence of a severe or progressive neurologic deficit. Therefore, an MRI of the cervical spine is not medically necessary per the referenced guidelines and in view of the submitted medical record.