

Case Number:	CM15-0037665		
Date Assigned:	03/06/2015	Date of Injury:	03/15/2008
Decision Date:	04/10/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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: Emergency 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:

The injured worker is a 52-year-old female who sustained an industrial injury on 03/15/2008. Diagnoses include lumbar disc displacement, cervical disc displacement, and knee sprain. Treatment to date has included medications, physical therapy, and chiropractic sessions. A physician progress note dated 01/28/2015 documents the injured worker has constant cervical region pain with radiation and lumbar region pain with radiation on the right. She has constant less than moderate pain within the left knee. Medications allow an increase in function and activities of daily living, and an overall decrease in symptoms. Her sleep is interrupted several times throughout the night due to her pain. On examination, there is positive bilateral maximal foraminal Compression test, Cervical Distraction, Bilateral Yeoman's, Bilateral Kemp's and Valsalva. Cervical and Lumbar range of motion are restricted. Her gait is altered. Magnetic Resonance Imaging of the cervical spine is requested to rule out disc herniation. Treatment requested is for Cervical Magnetic Resonance Imaging. On 02/05/2015 Utilization Review non-certified the request for a Cervical Magnetic Resonance Imaging and cited was CA MTUS.

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, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM guidelines, indications for neck imaging include red flag findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. Injury is chronic for at least 5 years. There is no documentation of recent conservative care. There is no documentation of worsening symptoms, request appears to be from a new physician seeing the patient for the first time. Records from prior physician show chronic painful exam and deficits. The neurological exam is chronically unchanged. There is no documentation of prior imaging results reported. Reasoning for MRI scan is "r/o cervical herniation is not a valid reason for MRI scanning without appropriate documentation or criteria. The new provider should review all prior studies and records to assess if any change or if MRI is really indicated. MRI Scan of cervical spine is not medically necessary.