

Case Number:	CM15-0039003		
Date Assigned:	03/09/2015	Date of Injury:	04/10/2012
Decision Date:	04/21/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 46-year-old male who sustained an industrial injury on 4/10/12. The injured worker reported symptoms in the neck and back. The injured worker was diagnosed as having cervicalgia and brachial neuritis. Treatments to date have included bone stimulator, non-steroidal anti-inflammatory drugs, home exercise program, physical therapy, activity modification and status post anterior cervical discectomy and fusion. In a progress note dated 1/9/15 the treating provider reports the injured worker was with "intermittent neck pain" and was encouraged to modify activities.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

Decision rationale: The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI imaging is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. The submitted and reviewed documentation indicated the worker was experiencing neck pain. These records described examination findings consistent with a C5 nerve problem. A discussion reported advanced imaging was needed to clarify the worker's upper back structure. However, the examination findings were consistent with the MRI findings on 06/04/2012. There was no discussion suggesting new or changed symptoms or findings since the prior study or detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for MRI of the cervical spine region without contrast is not medically necessary.