

Case Number:	CM15-0046712		
Date Assigned:	03/18/2015	Date of Injury:	10/02/2013
Decision Date:	04/20/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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: Arizona, California
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:

The injured worker is a(n) 33 year old female, who sustained an industrial injury on 10/2/13. She reported pain in the head, nose, neck and mid back. The injured worker was diagnosed as having blunt facial trauma, cervical spine strain with radicular complaints and cervicobrachial syndrome. Treatment to date has included physical therapy, chiropractic treatments and pain medications. As of the PR2 dated 2/6/15, the injured worker reports 9/10 pain in the neck that is worse when turning head from side-to-side, flexing and extending the head and neck, reaching or lifting and with prolonged sitting and standing. The treating physician requested a cervical spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI chest spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant had a prior MRI 2 years ago which showed no abnormalities. In addition, the recent request was not supported by a physician exam of the neck. The MRI of the chest noted in the request is an error. An MRI of the cervical spine was requested in the clinical notes. The request for an MRI of the cervical spine is not medically necessary.