

Case Number:	CM15-0048349		
Date Assigned:	03/20/2015	Date of Injury:	12/10/2010
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/13/2015

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 41-year-old female, who sustained an industrial injury on 12/10/2010, while employed as a certified nurse aide. She reported back pain while moving a patient and later that night, while moving a sofa, she felt a burning sensation in her mid and low back. The injured worker was diagnosed as having cervical sprain/strain and lumbar spine discopathy. Treatment to date has included conservative measures, including medications and magnetic resonance imaging of the cervical spine (6/15/2011), magnetic resonance imaging of the lumbar spine (3/16/2011), and electro-myogram and nerve conduction studies of the lower extremities (4/18/2011). A spinal consultation, dated 8/21/2014, noted complaints of intermittent and moderate neck and low back pain, noting a recommendation for an updated magnetic resonance imaging of the cervical spine. Currently, the injured worker complains of back stiffness three times weekly and severe bilateral wrist pain after grocery shopping. Physical exam of the cervical spine noted tenderness to palpation about the paracervical and trapezial musculature, positive Cervical Distraction Test, muscle spasms, and restricted range of motion due to pain. Physical exam of the lumbar spine noted increased tone and tenderness about the paralumbar musculature, with tenderness at the midline, thoracolumbar junction, and over the L5-S1 facets and right greater sciatic notch. Muscle spasms were also noted. Medications included Norco, Tylenol #3, and Norflex. The treatment plan included chiropractic treatment. Diagnostic testing result reports were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 in 2011, which showed degenerative changes and no stenosis but positional related spasms. The request for an MRI of the cervical spine is not medically necessary.