

Case Number:	CM15-0050750		
Date Assigned:	03/24/2015	Date of Injury:	01/01/2001
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/17/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 01/01/2001. She has reported injury to the neck, back, and shoulder. The diagnoses have included cervical strain; thoracic strain; cervical spondylosis; chronic intractable pain; shoulder joint pain; and degenerative disc disease. Treatment to date has included medications, diagnostics, and chiropractic sessions. Medications have included Soma, Ibuprofen, Tramadol, and Lidoderm patches. A doctor's first report from the treating physician, dated 02/26/2015, documented persistent neck and upper extremity pain, and upper back pain that started 3 months earlier. Objective findings included tenderness to the posterior cervical spine; weakness on the right at C7. The treatment plan has included MRI cervical spine and x-rays. The x-rays were certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: 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): 176-177.

Decision rationale: Regarding the request for cervical MRI, CA MTUS and ACOEM guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flags. The only neurological finding is noted to be weakness in the right C7 distribution without further specifics. The patient's neck and upper extremity pain is noted to be recent, but there is no indication of failed conservative treatment for this recent injury. Furthermore, there is a pending x-ray of the cervical spine, the results of which may obviate the need for additional testing. In light of the above issues, the requested cervical MRI is not medically necessary.