

Case Number:	CM15-0055479		
Date Assigned:	03/30/2015	Date of Injury:	09/07/2011
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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: Colorado

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 47 year old female who sustained an industrial injury on 9/7/2011. Her diagnoses, and/or impressions, include sprain of neck; lateral epicondylitis; sprain of back; cervical disc degeneration; and cervical herniated discs with failed conservative treatment. Current magnetic resonance imaging studies were stated to have been done in the 1/28/2014 surgery consultation record. Her treatments have included cervical epidural steroid injection therapy; trigger point injections, surgical consultation (1/28/14); and medication management. The physician progress reports of 9/24/2014, 12/8/2014, 1/7/2015, and 3/2/2015 are handwritten and mostly illegible, but note severe and radiating cervical spine pain, with headaches, spasms, numbness and tingling. (Physical findings in the notes indicate decreased range of motion in the neck and other findings are not legible.) The physician's treatment requests are mostly illegible, but include a magnetic resonance imaging study of the cervical spine.

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: Overturned

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): 4-5.

Decision rationale: The MTUS Guidelines do not address the use of MRI, so the ACOEM Guidelines were consulted. MRI is recommended (Recommended, Evidence (C)) for patients with: Acute cervical pain with progressive neurologic deficit; Significant trauma with no improvement in significantly painful or debilitating symptoms; A history of neoplasia (cancer), Multiple neurological abnormalities that span more than one neurological root level; Previous neck surgery with increasing neurologic symptoms; Fever with severe cervical pain; Symptoms or signs of myelopathy; or Subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom dermatomal and myotomal symptoms are not trending towards improvement if either injection is being considered or both the patient and surgeon are considering early surgical treatment if supportive findings on MRI are found. Strength-of-Evidence Ratings: A = Strong evidence-base, B = Moderate evidence-base, C = Limited evidence-base, I = Insufficient evidence: Evidence is insufficient or irreconcilable. MRI is not recommended for non-specific neck pain. MRI is not recommended for acute radiculopathy, unless patient has progressive neurological symptoms or severe impairment, and injections or early surgical intervention are being considered. For the patient of concern, the records do indicate that patient has chronic complaints that could be radicular by history, and has documented cervical disc herniations per previous MRI. There is a lack of legible documentation of physical findings of neurological deficits. Patient has had some improvement, though not maintained, with injections and medications, and is now considering surgery. Based on the Guidelines recommendations for MRI when neurological symptoms persist and surgery or other procedure are being considered, the request for Cervical MRI is medically necessary in this patient.