

Case Number:	CM15-0057518		
Date Assigned:	04/02/2015	Date of Injury:	01/26/2010
Decision Date:	05/07/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/26/2015

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: Texas, 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:

This is a 37 year old male patient, who sustained an industrial injury on January 26, 2010. The diagnoses include lumbar sprain/strain, lumbar facet syndrome, and cervical sprain/strain. Per the treating Physician's report dated February 13, 2015, he reporting putting on weight and being overall decompensated. He had complains of low back pain, having problems with high blood pressure and headaches. Examination of the cervical spine revealed tenderness of the bilateral paracervical musculature and decreased range of motion. The current medications list is not specified in the records provided. He has undergone right shoulder MRI which revealed complete repair of the rotator cuff. He has had chiropractic treatments and TENS. He was fitted for a custom brace for the lumbar spine and provided with a prescription for supplies for the TENS unit.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Request: MRI of the cervical spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." The ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, Not recommended: Imaging before 4 to 6 weeks in absence of red flags." The records provided did not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Evidence of failure of conservative therapy is not specified in the records provided. A recent cervical spine X-ray report was not specified in the records provided. In addition, electro-diagnostic study with significant neurological deficits is not specified in the records provided. The medical necessity of MRI of the cervical spine is not established for this patient.

X-ray of cervical spine two views: 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): 179 and Table 8-7. Ability of Various Techniques to Identify and Define Neck and Upper Back Pathology Technique Identify Physiologic Insult Identify Anatomic Defect. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 11/18/14) Radiography (x-rays).

Decision rationale: Request: X-ray of cervical spine two views. Per the ACOEM chapter 8 guidelines cited below "Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise." Per the records provided patient had chronic cervical strain. He is having abnormal findings on physical examination including tenderness and decreased cervical range of motion. In addition, per the ODG "For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed." It is medically necessary and appropriate to perform cervical X-rays to rule out underlying pathology. The request for X-ray of the cervical spine two views is medically appropriate and necessary for this patient.