

Case Number:	CM15-0081230		
Date Assigned:	05/01/2015	Date of Injury:	10/13/2014
Decision Date:	06/02/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/28/2015

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: Preventive Medicine, Occupational Medicine

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 male, who sustained an industrial injury on 10/13/2014. Diagnoses include strain cervical spine and concussion with post-concussive syndrome. Comorbid conditions includes morbid obesity (BMI 41.5). Treatment to date has included diagnostics, medications, physical therapy, modified work and consultations. Cervical spine x-ray revealed multilevel degenerative changes with diffuse spinal canal stenosis, cervical CT scan (Oct 24, 2014) showed non-specific mild-to-moderate spondylosis and Head CT was normal. Per the Primary Treating Physician's Progress Report dated 1/30/2015, the injured worker reported headache and neck pain with radiation to the upper extremities. Physical examination of the cervical spine revealed diffuse tenderness to palpation and muscle spasm. Ranges of motion were within normal limits. The plan of care included diagnostic imaging and authorization was requested for magnetic resonance imaging (MRI) of the neck.

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 1 Prevention, Chapter 8 Neck and Upper Back Complaints Page(s): 2, 165, 169-72, 177-8, 182, 184-8. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Chronic Neck Pain, Revised 2013.

Decision rationale: MRI scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the neck are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. For this patient the history falls in this later group of indications, that is, the signs and symptoms are too non-specific. A EMG/NCV test should be performed to identify the more subtle neurologic abnormalities and thus direct further studies or therapies. At this point in the care of this individual a MRI of the neck is not medically necessary.