

Case Number:	CM15-0087411		
Date Assigned:	05/11/2015	Date of Injury:	03/09/2015
Decision Date:	06/16/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/06/2015

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, North Carolina
 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 46-year-old female, who sustained an industrial injury on 3/9/2015. The current diagnoses are left cervical facet pain, cervical discogenic pain, and cervicogenic headaches. According to the progress report dated 4/15/2015, the injured worker reports no improvement. She notes numbness radiating from posterior arm/forearm to the level of the index, middle, and ring fingers. Additionally, she reports headaches with associated nausea and photophobia. The current medications are Ibuprofen, Flexeril, and Robaxin. Treatment to date has included medication management, ice, heat, physical therapy, and massage. The plan of care includes MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM states that for most patients presenting with true neck or upper back problems, special studies (MRI, CT) are not needed unless conservative care and observation fail to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure. This patient meets none of the criteria for the requested MRI. The neurologic exam is normal and there are no signs and symptoms of myelopathy. Motor and sensory testing is normal. The request is deemed not medically necessary at this time.