

Case Number:	CM15-0230909		
Date Assigned:	12/04/2015	Date of Injury:	08/25/2015
Decision Date:	01/14/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/24/2015

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: Florida

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 50 year old male who sustained an industrial injury on 12-8-11. A review of the medical records indicates he is undergoing treatment for cervicalgia, lumbago, pain in bilateral shoulders, and pain in left knee. Medical records (9-11-15, 9-18-15, 10-2-15, 10-13-15, and 10-16-15) indicate complaints of neck pain, rating "6-9 out of 10", low back pain, rating "6-9 out of 10", left knee pain, rating "5-8 out of 10", and chest wall pain, rating "8 out of 10". The physical exam (10-16-15) reveals tenderness to palpation of the right trapezius, right cervical spine, bilateral rhomboids, and right sacroiliac joint. The provider indicates that "diffuse chest wall sensitivity" is "improving". Treatment has included physical therapy, medications, a back and chest wall brace, and modified work duty. Treatment recommendations (10-13-15) include MRIs of the cervical spine, lumbar spine, left knee, and bilateral shoulders, as well as physical therapy. The utilization review (11-6-15) includes a request for authorization of an MRI of the cervical spine. The request was denied.

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 Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Indications for Imaging-MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: California MTUS guidelines state regarding special studies of the Cervical spine, "Criteria for ordering imaging studies are: 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 the anatomy prior to an invasive procedure." Regarding this patient's case, the documentation provided does not note any red flags nor evidence of neurological dysfunction or tissue insult on physical exam. There is no documentation of a planned eminently invasive procedure or failure to progress in a strengthening program intended to avoid surgery. For the aforementioned reasons, this request for a Cervical MRI is not considered medically necessary.