

Case Number:	CM14-0126153		
Date Assigned:	08/22/2014	Date of Injury:	12/27/2010
Decision Date:	09/26/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on 12/27/2010. The mechanism of injury was not provided. On 07/04/2014, the injured worker presented with low back pain, bilateral knee pain, neck pain, and bilateral wrist pain. On examination of the cervical spine there was tenderness and spasm to palpation over the paracervical muscles with tenderness and negative bilateral Spurling's sign. Diagnosis was cervical strain recurrent symptomatology. An EMG/NCV was positive for right C5-6 radiculopathy on 05/28/2014. Prior therapy included medications and surgery. The provider recommended and MRI of the cervical spine. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine QTY #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an MRI of the cervical spine, quantity 1, is not medically necessary. The CA MTUS/ACOEM Guidelines state for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly provided any red flag conditions are ruled out. The criteria for ordering imaging studies included 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. There was a lack of documentation of neurological deficits upon physical examination and the emergence of a red flag. There was a lack of documentation of a 3 to 4 week period of conservative treatment that had failed. As such, medical necessity has not been established.