

Case Number:	CM14-0137700		
Date Assigned:	09/05/2014	Date of Injury:	08/16/2013
Decision Date:	09/29/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/26/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 35 year old female who was injured on 8/16/13 after picking up a box, experiencing pain in her back. She was diagnosed with lumbar spondylosis, thoracic spondylosis, cervical spondylosis, tension headache, partial tear of rotator cuff right shoulder, and tendinitis/bursitis of the right hand/wrist. She was treated with oral and topical medications, acupuncture. On 6/18/2014, the worker was seen by her primary treating physician complaining of lumbar pain, thoracic pain, minimal right shoulder pain, and frequent moderate cervical spine pain aggravated by lifting. Physical examination of her cervical area revealed spasm and tenderness of the paraspinal muscles, positive axial compression test bilaterally, positive distraction test bilaterally, and positive shoulder depression test bilaterally. Her medications were refilled and she was recommended a neurological consultation and an MRI (3D) of the cervical spine due to her chronic pain, headaches and restricted active range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 3D MRI of the Cervical Spine without Contrast: Upheld

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

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

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there were not any red flag signs or symptoms that would have warranted imaging for her headaches and neck pain. Although compression testing seemed to be positive suggesting possible neurological compromise with passive motion, however, more physical examination findings (decreased strength, decreased sensation along dermatome, etc.) would help solidify the diagnosis, which were not documented as being tested. Also, there was not any significant evidence that the worker underwent any focused conservative therapy for her neck and head pain before considering any imaging of the cervical spine. Also, the need for a 3D MRI vs a regular MRI was not explained in the documentation or request. Therefore, the cervical MRI (3D) is not appropriate at this time and not medically necessary.