

Case Number:	CM14-0138538		
Date Assigned:	09/05/2014	Date of Injury:	02/19/2013
Decision Date:	10/09/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/27/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 53-year-old male who reported an injury on 02/19/2013 due to cumulative trauma. On 08/22/2014 the injured worker presented with neck pain, low back pain and right leg pain. Upon examination of the cervical spine there were no obvious deformities, normal cervical lordosis and no ecchymosis noted. There was no pain on palpation to the cervical paraspinal or trapezial musculature. There was a negative Spurling's sign. The diagnoses were chronic intractable axial neck pain and bilateral trapezial pain. The provider recommended a Magnetic resonance imaging (MRI) of the cervical spine without contrast. 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 of Cervical Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck & Upper Back

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

Decision rationale: The request for a magnetic resonance imaging MRI of cervical spine without contrast is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) Guidelines for injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week 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 the use of 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 or clarification of an anatomy prior to an invasive procedure. There is lack of documentation of any emergence of a red flag or physiologic evidence of a tissue insult or neurologic dysfunction. There is lack of documentation that the injured worker failed at least a 3 to 4 week period of conservative care to include medications and physical medicine. As such, medical necessity has not been established.