

Case Number:	CM14-0161893		
Date Assigned:	10/07/2014	Date of Injury:	09/12/2013
Decision Date:	11/14/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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 California. 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:

This is a 63 year old female patient who sustained an injury on 9/12/2013. She sustained the injury due to fell into a hole at work. The current diagnoses include back pain, moderate to severe degenerative disc disease and severe spondylosis of the cervical spine at C5-C6 and C6-C7 without any associated upper extremity radiculitis, severe degenerative disc disease and moderate to severe degenerative disc disease. Per the doctor's note dated 7/23/14, patient had complaints of lumbar pain with bilateral leg pain, cervical pain with intermittent upper extremity pain. The physical examination revealed tenderness to palpation over the cervical spine and decreased range of motion, back- decreased range of motion in all planes and tenderness to palpation over the lumbarparaspinous area. The medication list includes Ultram, Tylenol and Mobic. She has had chiropractic care with minimal to moderate relief, physical therapy, massage, ice and heat, injections and transcutaneous electrical nerve stimulation unit for this injury. She has had urine drug screen on 7/23/14.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Magnetic resonance imaging (MRI)

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

Decision rationale: Per the ACOEM chapter 8 guidelines cited above "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out."The ACOEM chapter 8 guidelines cited above recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, Not recommended: Imaging before 4 to 6 weeks in absence of red flags."The records provided did not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags.A recent cervical spine x-ray report is also not specified in the records provided.The medical necessity of the MRI of the cervical spine is not established for this patient.