

Case Number:	CM14-0165990		
Date Assigned:	10/13/2014	Date of Injury:	03/19/2014
Decision Date:	11/12/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/08/2014

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, has a subspecialty in Pain 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 patient with a date of injury of March 19, 2014. A utilization review determination dated September 16, 2014 recommends noncertification for a cervical MRI. Noncertification was recommended since there is no documentation of failure of conservative treatment, red flags, or a progressive neurologic deficit. A progress report dated August 29, 2014 identifies subjective complaints of neck and low back pain. The patient indicates that the pain is 80% improved with acupuncture. She continues to have low back pain which has remained unchanged. The patient is currently using naproxen and Norco. The note indicates that the patient has undergone 10 sessions of acupuncture but has not undergone chiropractic care or physical therapy. Additionally, the patient underwent a lower back injection but it is unclear what type was performed. The patient denies numbness, tingling, pain, or weakness in the upper extremities. Physical examination findings reveal slightly restricted cervical range of motion with reduced strength in the upper extremities and normal sensation. Diagnoses include lumbar radiculopathy and cervical and lumbar sprain/strain. The treatment plan recommends a cervical MRI due to "continued severe pain complaints and radicular symptoms on exam." Additionally, discussion was made regarding consideration of acupuncture, physical therapy, or chiropractic care.

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 ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (updated 08/04/2014) Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Neck Chapter, MRI

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit or failure of conservative treatment for at least 3 months. The progress report indicates that the patient has not tried chiropractic care or physical therapy. In fact, a trial of chiropractic care is recommended. Additionally, the patient is noted as having no subjective complaints consistent with radiculopathy. In the absence of clarity regarding these issues, the requested cervical MRI is not medically necessary.