

Case Number:	CM14-0166023		
Date Assigned:	10/13/2014	Date of Injury:	02/12/2003
Decision Date:	11/12/2014	UR Denial Date:	09/29/2014
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 Occupational Medicine 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 56 year old woman who injured her neck while unloading a truck on February 12, 2003. She had a cervical fusion and revision and was treated with medications. On September 10, 2014, she complained of neck pain with numbness, tingling and pain extending into the left arm with difficulty walking, standing and prolonged weightbearing. Physical exam was notable for paraspinal tenderness in the cervical area, trapezius tenderness, loss of motion in the cervical area, and a strength decrement in the left extremity compared to the right extremity.

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 (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 8, page 177-179

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172, 177-178.

Decision rationale: Per the American College of Environmental and Occupational Medicine guidelines, no tests are indicated for regional neck pain. For most workers presenting with true neck or upper back problems, special studies are not needed. Criteria for ordering imaging

studies are 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 the anatomy prior to an invasive procedure. Tests are supported after 4-6 weeks for cervical nerve root compression with radiculopathy in the presence of progressive weakness. Per the Official Disability Guidelines, the indications for magnetic resonance imaging are: - Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present- Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or computed tomography (CT) "normal"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit

The worker has complained of neck pain since September of 2014. Radiographs have not been taken. The criteria for chronic pain have not been met. Therefore, the requested magnetic resonance imaging of the cervical spine is not considered medically necessary.