

Case Number:	CM14-0093117		
Date Assigned:	09/12/2014	Date of Injury:	11/20/2013
Decision Date:	10/10/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 Management 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 the date of injury of November 20, 2013. A utilization review determination dated June 12, 2014 recommends noncertification for an MRI of the cervical spine. A progress report dated February 14, 2014 includes subjective complaints of continued neck pain and back pain mostly on the left side. The rest of the subjective complaints are illegible. Objective examination findings identify positive Spurling's test and positive compression test. The diagnoses include headache, neck sprain/strain, lumbar sprain/strain, and acromioclavicular sprain/strain. The treatment plan recommends an MRI of the cervical and lumbar spine. A progress note dated March 14, 2014 recommends continuing acupuncture. A progress note dated March 14, 2014 identifies the subjective complaints of severe head pain as well as stabbing pain in the left shoulder traveling to her neck and left ocular region. She continues to have trouble elevating her left shoulder. Objective examination findings reveal reduced range of motion of the cervical spine. Diagnoses include headache, cervical spine sprain/strain, lumbar spine sprain/strain, and acromioclavicular joint sprain/strain. The note goes on to state that "the need for MRIs it should be granted at this time. The patient has been under care over a month not only in our facility but received treatment at their industrial clinic. Patient has received some physical therapy and 6 acupuncture treatments at this time with mild relief. I would like to emphasize that the patient continues to experience radicular type of pain from the shoulder towards the neck with severe headaches."

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 Chapter Neck and Upper Back (Acute & Chronic) 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 Official Disability Guidelines (ODG), 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 that a thorough neurologic examination has been performed with findings of a neurologic deficit. In the absence of such documentation the requested cervical MRI is not-medically necessary.