

Case Number:	CM14-0098593		
Date Assigned:	07/28/2014	Date of Injury:	05/26/2012
Decision Date:	09/22/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/26/2014

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 New jersey. 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 worker is a 39 year old female who was injured on 5/26/2012. She was diagnosed with a lumbar sprain/strain with radiculitis and cervicgia. She was treated with acupuncture, physical therapy, and medications. She continued to have chronic neck and back pain, however. MRI of the cervical spine was completed roughly one year prior to the request (no results were found in the documents provided). On 6/17/14, the worker was seen by her pain clinic physician's assistant complaining of middle back pain, low back pain, and right lower extremity pain, although her pain has been increasing recently. No report was made about neck or arm complaints on that date, however, previous reports included her neck complaints along with her back complaints. On physical examination, her cervical spine showed a reduced range of motion, and sensory testing revealed light touch sensation being decreased over the C5 and C6 dermatomes. She was then recommended to attend more physical therapy for her cervical spine and get an MRI of the cervical spine due to the worker's "ongoing symptoms of neck pain and decrease in function" and "in order to rule out any structural pathology that might require surgery." Mention of recommending a repeat cervical MRI was also seen in previous progress notes (4/8/14, 5/20/14), but was repeated due to it not being approved.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker. The worker was still undergoing physical therapy at the time of the initial requests and was requested to be continued at the last request for a cervical MRI. As long as the worker is continuing to attempt conservative care and is improving with conservative care such as in this case, then MRI of the cervical spine should be postponed until they have stopped improving. Therefore, for now, the cervical MRI is not appropriate and not medically necessary.