

Case Number:	CM14-0146309		
Date Assigned:	09/12/2014	Date of Injury:	04/20/2012
Decision Date:	01/02/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/09/2014

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 Orthopedic Spine Surgery, 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:

The injured worker is a 53-year-old female who reported an injury on 04/20/2012 due to an unknown cumulative trauma. The injured worker had a physical examination on 08/18/2014, which revealed diagnosis for cervical strain, trapezius strain, rhomboid strain, ligament and muscle strain and spasm. The injured worker complained of a dull, aching pain, sharpness, stabbing and burning sensation in the cervical spine. The pain was reported to be a 5/10 to 7/10. Examination revealed limited range of motion of the cervical spine. Flexion and extension were to 20 degrees and were limited by pain. There was tenderness to palpation in the cervical paraspinals. Neurological examination revealed motor exam was intact in the bilateral upper extremities. Deep tendon reflexes revealed no asymmetry noted, and sensory examination to light touch revealed no dermatomal deficits bilaterally. The patient had nerve conduction and EMG on 01/21/2014 of the upper extremities that revealed no evidence that active cervical radiculopathy was noted. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of Cervical Spine: 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 decision for MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. 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, and clarification of the anatomy prior to an invasive procedure. The examination did not reveal any neurological deficits. The injured worker had a normal EMG on 01/21/2014 that was normal. There were no red flag signs or symptoms on examination of the cervical spine. Furthermore, there was no documentation reporting that the injured worker had failure to progress in a strengthening program. There were no other significant factors provided to justify the decision for MRI of the cervical spine. Therefore, this request is not medically necessary.