

Case Number:	CM14-0213001		
Date Assigned:	12/30/2014	Date of Injury:	06/06/2014
Decision Date:	02/27/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 30 year old female with an injury date of 06/06/14. As per progress report dated 10/20/14, the patient complains of pain in the lower back and leg. In progress report dated 09/08/14, the treater states that the patient has neck pain as well. Physical examination, as per progress report dated 08/25/14, reveals tenderness to palpation in the cervical, thoracic and lumbar spine along with moderate paraspinous muscle spasm present in the lumbar spine region. In progress report dated 07/23/14, the patient reports that her neck pain is 8/10 and lower back pain is 7/10. There is some tenderness and spasm in the right posterior cervical region with pain on right and left rotation. Physical examination of the lumbar spine reveals tender central and paracentral lumbar area with spasms. The patient has been taking Norco for pain relief, as per progress report dated 10/20/14. The patient has undergone physical therapy, which did not help, as per progress report dated 07/23/14. The patient has been allowed to return to modified work, as per progress report dated 10/20/14. Diagnosis, 08/25/14: Cervical, lumbar and thoracic strains and sprains secondary to repetitive lifting. The treater is requesting for cervical spine MRI. The utilization review determination being challenged is dated 12/03/14. Treatment reports were provided from 06/17/14 - 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC 2014

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

Decision rationale: The patient presents with pain in the lower back and leg, as per progress report dated 10/20/14. The request is Cervical Spine MRI. In progress report dated 07/23/14, the patient reports that her neck pain is 8/10 and lower back pain is 7/10. ACOEM Guidelines, chapter 8, page 177 and 178, state Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. In this case, the progress reports do not discuss prior MRI of the cervical spine. While the patient does complain of neck pain in progress report dated 07/23/14 along with some tenderness and spasm in the right posterior cervical region with pain on right and left rotation, most of the recent reports do not discuss neck problems. In later progress reports dated 10/20/14, 10/06/14, 09/28/14 and 09/08/14, the treater only requests for lumbar MRI. The purpose of the cervical MRI request is not known and the reports show only neck pain without radiating symptoms or positive examination for any neurologic findings. There are no red flags either. The request is not medically necessary.