

Case Number:	CM15-0004151		
Date Assigned:	01/15/2015	Date of Injury:	07/21/2014
Decision Date:	03/23/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/08/2015

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, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 57-year-old female who reported injury on 07/21/2014. The mechanism of injury was a fall in a parking lot while carrying her laptop. Prior therapies included physical therapy. The injured worker had an MRI in 2011 with results not provided. The diagnoses included spasm of muscle and cervicgia. The documentation of 11/21/2014 revealed the injured worker had x-rays of the neck and left wrist and x-rays were noted to be okay. The injured worker indicated sometimes the pain in the neck radiated to the arm and there was no pain in the shoulder joint and no associated weakness or numbness. The diagnosis was gastroesophageal reflux. The injured worker's current medications were noted to include nabumetone, omeprazole, and orphenadrine. The physical examination revealed the injured worker had slight limitation in the neck regarding range of motion and was unable to complete turn her head to the left; however, had nearly full range of motion. The injured worker had trapezius spasms. Sensation was intact grossly to light touch. Muscle strength and tone were within normal limits and reflexes were within normal limits. The treatment plan included an MRI of the cervical spine and a referral to physical therapy. The documentation indicated the injured worker's muscles spasms had improved with 12 sessions of physical therapy to 80%; however, the injured worker felt she could improve more. As such, 8 sessions were requested. The injured worker was note to have an MRI in 2011 following a motor vehicle accident of the cervical spine; however, the physician opined the injured worker should have a new MRI to ensure if there were any changes since the fall. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine, Without Contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Magnetic resonance imaging (MRI)

Decision rationale: The Official Disability Guidelines indicate that repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had a prior MRI in 2011. However, the documentation failed to indicate the injured worker had objective findings to support a significant change. The injured worker had no complaints of associated numbness and tingling. The injured worker's sensation, muscle tone, strength, and reflexes were noted to be symmetrical and intact. As such, this request would not be supported. Given the above, the request MRI cervical spine without contrast is not medically necessary.