

Case Number:	CM15-0103312		
Date Assigned:	06/05/2015	Date of Injury:	04/14/2015
Decision Date:	07/10/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/29/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 4/14/15. The injured worker has complaints of constant headaches with neck pain. The documentation noted on examination that the injured worker had tender points upper trapezius, levator scapulae right greater than left. The documentation noted that the injured worker has decreased range of motion, decreased muscle strength and abnormal posture. The diagnoses have included sprain of neck. Treatment to date has included physical therapy. The request was for magnetic resonance imaging (MRI) of the cervical spine without contrast.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The diagnosis in this patient is cervical strain. The ACOEM guidelines lists criteria for ordering imaging studies and includes the following 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 surgery. The claimant's medical records do not show evidence of neurologic deficits with normal sensory, motor and reflex findings in the upper extremities. No studies have been performed demonstrating a radiculopathy. The patient is not a surgical candidate. Therefore, based on the above, this request is not medically necessary or appropriate.