

Case Number:	CM15-0011476		
Date Assigned:	01/29/2015	Date of Injury:	06/13/2014
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male who sustained an industrial injury on 06/13/2014. The current diagnoses include cervical radiculopathy, lumbar radiculopathy, reactive sleep disturbance, and reactive depression and anxiety. Treatments to date include medications, ice, and chiropractic therapy. Report dated 12/11/2014 noted that the injured worker presented with complaints that included shoulder and low back pain. The utilization review performed on 01/19/2015 non-certified a prescription for MRI without contrast for cervical region as an outpatient based on clinical findings. The reviewer referenced the ACOEM in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI without contrast: Overturned

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): 177-178.

Decision rationale: This patient presents with shoulder and low back pain with numbness and tingling in the upper and lower extremities. The treater is requesting CERVICAL MRI WITHOUT CONTRAST. The RFA was not made available for review. The patient's date of injury is from 06/13/2014 and his current work status is modified duty. The ACOEM Guidelines has the following criteria for ordering imaging studies on page 177 and 178: -1- emergence of a red flag, -2- physiologic evidence of tissue insult or neurologic dysfunction, -3- failure to progress in the strengthening program intended to avoid surgery, -4- clarification of anatomy prior to invasive procedure. The records do not show any previous MRI of the cervical spine. The report from 12/11/2014 showed that the patient complains of shoulder and low back pain at a rate of 6/10 at rest and 8/10 with activities. There is decreased range of motion in the cervical spine especially with extension, left and right rotation, which increases his pain. Hawkins' sign was positive on the right shoulder. There is tenderness over the acromioclavicular joint, right-sided paravertebral cervical musculature tenderness and spasm, right trapezius. Midline tenderness noted over the cervical spine at C6-C7. There is C5-C6 dermatomal change over the right upper extremity. In this case, given the patient's clinical findings, an MRI of the cervical spine is reasonable. The request IS medically necessary.