MAXIMUS Federal Services

Case Number:	CM15-0012094		
Date Assigned:	01/29/2015	Date of Injury:	08/03/2014
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
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, Hawaii
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:

This 41-year-old male sustained a work-related injury to his neck, mid-back and lower back on 8/3/2014. Progress notes dated 8/11/2014 state his diagnoses as cervical and lumbar sprain/strain. He continues to report pain on the left side. Previous treatments include chiropractic sessions x 15 with no improvement. The treating provider requests MRI of the cervical spine. The Utilization Review on 1/6/2015 non-certified MRI of the cervical spine, citing CA MTUS and Official Disability Guidelines (ODG) for Neck and Upper Back.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck & Upper Back, Magnetic resonance imaging (MRI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck, MRI

Decision rationale: The patient presents with neck and mid-back pain. The current request is for MRI of the cervical spine. The treating physician states that the patient's symptoms are not improving and he would like an MRI of the cervical spine and lumbosacral spine to rule out any mechanical factor. The ODG guidelines state that MRI of the neck is "not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging." Indications for imaging -- MRI (magnetic resonance imaging): - Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit - Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present- Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT normal.- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit. In this case, the treating physician states that the patient's symptoms have improved in regards to the radiation, numbness and tingling feeling but he was left with localized neck pain, mid-back pain and lower back pain that was persistent. With a lack of neurologic deficit documented the current request is not medically necessary and the recommendation is for denial.