

Case Number:	CM15-0017993		
Date Assigned:	02/05/2015	Date of Injury:	09/10/2005
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/30/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 45 year old female, who sustained an industrial injury on 09/10/2005. She has reported subsequent neck and back pain and was diagnosed with thoracic sprain/strain, concussion, migraine headaches and cognitive impairment. Treatment to date has included oral pain medication. In a progress note dated 01/08/2015, the injured worker complained of neck and upper back pain that was progressively worsening along with radicular symptoms and headaches. Objective physical examination findings were notable for tenderness at the paracervical and parathoracic region bilaterally and numerous tender points through the parathoracic region over the trapezius. A request for authorization of MRI of the cervical and thoracic spine to evaluate for herniated disc or nerve root impingement was made on 01/12/2015. On 01/19/2015, Utilization Review non-certified a request for MRI of the cervical and thoracic spine, noting that the injured worker had no signs, symptoms or objective neurological findings suggestive of cord pathology or nerve root improvement. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical and thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Medical Treatment Utilization Schedule

07/18/09, page 6. Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines: Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188.

Decision rationale: The injury was on 09/10/2005. The recent examination in 01/2015 noted cervical and thoracic paraspinal muscle tenderness. There were numerous tender points. There was no documented radiculopathy. There was no physical sign/examination finding or symptom to suggest that a MRI is medically necessary. ACOEM guidelines note that in the absence of red flag signs or new findings to suggest there must be an evaluation for imminent surgery, imaging studies are not needed. The patient is not a imminent surgical candidate. The documentation provided for review does not support the medical necessity for the requested MRI.