

Case Number:	CM15-0110317		
Date Assigned:	06/16/2015	Date of Injury:	03/29/2009
Decision Date:	07/15/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/08/2015

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

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 70 year old female, who sustained an industrial injury on 03/29/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical disc injury and facet arthralgia with strain. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the cervical spine performed on 01/26/2011, medical branch block, and multiple radiofrequency ablations. In a progress note dated 04/22/2015 the treating physician reports complaints of pain to the neck that radiates to the bilateral scapular region with the right greater than the left that is noted to increase with range of motion. Examination reveals moderate spasms to the cervical spine at cervical six to seven and cervical seven to thoracic one and pain with range of motion. The treating physician requested an updated magnetic resonance imaging of the cervical spine as previous was performed on 01/26/2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page 171-171, 177-179.

Decision rationale: Symptoms and clinical findings have remained unchanged for this chronic injury without new acute trauma, red-flag conditions, documented failed conservative trial, or flare-up of chronic symptoms and diagnoses already established to support for an updated imaging study. Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any specific acute change or progressive deterioration in clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI scan of cervical spine is not medically necessary and appropriate.