

Case Number:	CM15-0110446		
Date Assigned:	06/17/2015	Date of Injury:	04/12/2010
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
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: 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 37 year old male who sustained an industrial injury on 4/12/10 while walking with a wheelbarrow full of brick he noted sharp lower back pain with radiation to the right lower extremity and pain and stiffness in his neck. He was medically evaluate and given medication, physical therapy and acupuncture. He remained asymptomatic and had an MRI done. He currently complains of pain and stiffness in his neck and low back pain radiating to his right lower extremity with numbness, tingling and weakness. On physical exam of the cervical spine there was tenderness on palpation of bilateral trapezius muscles and scapular regions with spasms and paravertebral muscle tightness and decreased range of motion; the lumbar spine reveals tenderness of the lumbosacral junction and bilateral flank region, tenderness of the right buttock, severe tenderness of the bilateral sacroiliac joints, paravertebral muscle spasms and decreased range of motion; the lower extremities reveal tenderness in the direction of the right sciatic nerve down to the calf. The injured worker may work with lifting limits. Medications were not specifically identified in the records available for review. Diagnoses include musculoligamentous strain of the cervical and lumbar spine with lumbar radiculopathy; strain of the bilateral sacroiliac joints. Treatments to date include home exercise program; physical therapy; acupuncture; medications. Diagnostics include x-rays of the cervical spine were unremarkable; x-rays of the lumbar spine show anterior wedging at L1 vertebral body. In the progress note dated 4/10/15 the treating provider's plan of care includes a request for MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: 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. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the neck and the request is not certified or medically necessary.