

Case Number:	CM15-0112905		
Date Assigned:	06/19/2015	Date of Injury:	07/09/2014
Decision Date:	07/20/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/11/2015

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 56-year-old male, who sustained an industrial/work injury on 7/9/14. He reported initial complaints of bilateral neck pain. The injured worker was diagnosed as having headache, cervical spine sprain, lumbar muscle strain, and muscle spasm in back. Treatment to date has included medication, diagnostic testing, chiropractor, and transcutaneous electrical nerve stimulation (TENS) unit. MRI results were reported on 11/13/14. CT scan results were reported on 12/15/14. Currently, the injured worker complains of neck and low back pain that radiated to bilateral posterior thighs. Pain is rated 6/10 in severity and worst with bending at waist. Sleep is improving. Pain medication is helping 30-50 approximately percent. Per the primary physician's progress report (PR-2) on 5/7/15, exam reveals normal left and right shoulder range of motion, no tenderness. The thoracic back exhibits tenderness, lumbar back exhibits decreased range of motion. There is tenderness to touch in suboccipital area, trapezius areas, rhomboids, and severe tenderness with palpation in right suboccipital muscle. Gait is abnormal. The requested treatments include MRI without contrast of the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the cervical and lumbar spine: Upheld

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

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 medically necessary.