

Case Number:	CM15-0114724		
Date Assigned:	06/23/2015	Date of Injury:	03/28/2014
Decision Date:	07/22/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, California

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 39-year-old male who reported an industrial injury on 3/28/2014. His diagnoses, and/or impressions, are noted to include: cervicgia; post-traumatic stress disorder; and left upper back myofascial pain. No current electrodiagnostic or imaging studies are noted. His treatments have included psychological evaluation with report on 1/6/2015, and bio-feedback sessions; an agreed medical examination psychological report on 4/28/2015; acupuncture treatments - with a 75% improvement; medication management with toxicology studies; and modified work duties with part-time work. The progress notes of 5/13/2015 reported a follow-up visit with complaints of less pain in the neck and left shoulder, still with radiation into the left arm; more pain coming from the left upper back, with spasms which limited his activities, was associated with tingling in the left shoulder and numbness in the left index finger; and that the pain was frequent and moderate in intensity, with unchanged symptoms since the injury. He also reported constipation. The objective findings were noted to include no acute distress; tenderness over the left superior trapezius, levator scapulae and rhomboids, with full range-of-motion of the cervical spine; and decreased deep tendon reflexes in the bilateral upper extremities. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the cervical spine to rule-out intra-spinal pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the 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): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. Recent exam findings did not indicate subns of cord compression or abnormal neurological findings. The request for an MRI of the cervical spine is not medically necessary.