

Case Number:	CM15-0126201		
Date Assigned:	07/14/2015	Date of Injury:	05/12/2015
Decision Date:	09/01/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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, Pain Management, Occupational Medicine

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 41 year old female who sustained an industrial/work injury on 5-12-15. She reported an initial complaint of neck, shoulder, back, and right hand pain. The injured worker was diagnosed as having cervical radiculopathy, shoulder strain, lumbar strain, and right hand strain. Treatment to date includes medication and diagnostics. Currently, the injured worker complained of cervical and lumbar spine pain, bilateral shoulder pain, and right hand pain. Per the primary physician's report (PR-2) on 6-9-15, exam noted decreased range of motion with motor deficit at C5-6, tenderness of the lumbar spine, bilateral shoulders, and right hand digits. The requested treatments include MRI (magnetic resonance imaging) 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 (magnetic resonance imaging) Cervical 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): 177-8.

Decision rationale: ACOEM supports advanced imaging studies such as MRI to evaluate "red flag" diagnoses or focal neurologic deficits. The patient's symptoms were triggered by boxes falling on her. Therefore, the likelihood of the neck pain being due to cancer or other red flag diagnoses is low. The physical examination does not describe any focal deficits for which advanced imaging studies would be indicated. This request for an MRI of the neck does not adhere to MTUS 2009 and is not medically necessary.