

Case Number:	CM15-0128023		
Date Assigned:	07/14/2015	Date of Injury:	06/14/2013
Decision Date:	08/14/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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 female, who sustained an industrial injury on 6/14/13. She reported neck, back, and left knee pain. The injured worker was diagnosed as having cervical spine sprain/strain. Treatment to date has included acupuncture, chiropractic treatment, physical therapy, epidural injections, left knee surgery, and medication including Tramadol, Naprosyn, and Tizanidine. Physical examination findings on 1/21/15 included tenderness over the cervical spinous processes, bilateral paracervical muscles, and right trapezius. Compression test, distraction test, and Spurling's test produced right shoulder pain. On 1/21/15 the injured worker complains of neck pain with radiation to the back rated as 6/10. The treating physician requested authorization for a MRI of the cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Magnetic resonance imaging (MRI) of the cervical spine without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, MRI.

Decision rationale: This patient presents with radiating neck pain. The current request is for 1 Magnetic resonance imaging (MRI) of the cervical spine without contrast. The RFA is dated 05/27/15. Treatment to date has included acupuncture, chiropractic treatment, physical therapy, epidural injections, left knee surgery, and medication including Tramadol, Naprosyn, and Tizanidine. The patient is temporarily partially disabled. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. According to report dated 02/13/15, the patient continues to have of neck pain with radiation of pain down the back. Physical examination revealed tenderness over the cervical spinous processes, bilateral paracervical muscles, and right trapezius. Range of motion is decreased on all planes. Compression test, distraction test, and Spurling's test produced pain on her right shoulder. The QME report from 02/13/15 has provided a summary of the patient's case history and it was noted that the patient had x-rays of the lumbar spine, thoracic spine and left knee in 06/20/13. There was an MRI of the l-spine performed on 11/16/13 and one of the knee on 08/12/13 and 04/05/14. Recommendation was made for studies of the neck as there has been no imaging thus far and "she may require further definitive treatments based on the results of the said studies." ODG supports an MRI for patients with chronic neck pain with neurological signs and after trial of conservative treatments. Given this patient's clinical findings with no evidence of a prior cervical spine MRI, the request is medically necessary.