

Case Number:	CM15-0128870		
Date Assigned:	07/15/2015	Date of Injury:	01/14/2010
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/03/2015

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 61-year-old male with an industrial injury dated 01/14/2010. The injury is documented as being crushed between the door of a warehouse and forklift resulting in pain in the neck and back. Initial x-rays showed no fracture (per provider documentation.) His diagnoses included acute cervical and lower back injury consistent with probable cervical and lumbar strain with underlying disc protrusions and/or spondylosis and probably cervicogenic headaches. Prior treatment included physical therapy and diagnostics. A comorbid condition was coronary artery disease with stent placed in 2001. He presents on 04/15/2015 with complaints of chronic neck pain that is constant, daily and increases with activities. He also complained of intermittent posterior occipital headaches associated with neck pain with intermittent dysesthesias in the back of the scalp. He was also experiencing chronic low back pain with intermittent radiation of pain into the left leg. Physical exam noted moderately reduced range of motion of the neck in all directions. There was slight tenderness at the base of the skull. Motor exam revealed normal tone, bulk and strength in the upper and lower extremities. Sensory exam was intact to all dermatomes. Gait testing and cerebellar testing was normal. Treatment plan included MRI scan of the cervical spine, additional physiotherapy, over the counter anti-inflammatory medications and possible acupuncture. The request is for MRI scan for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Scan for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition.

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

Decision rationale: The patient presents with neck and back pain. The request is for MRI SCAN FOR THE CERVICAL SPINE. The request for authorization is dated 06/15/15. Physical examination reveals the patient can rotate his neck to the left and right to 40 degrees. Flexion and extension is 70% of anticipated normal. There is a mildly positive straight leg-raising test. He continues having headaches with pain on the right side of his neck and pain in his back radiating down his right leg. Patient's medication includes Ibuprofen. Per progress report dated 07/07/15, the patient is working. 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. Per progress report dated 07/07/15, treater's reason for the request is "As part of the workup, an MRI scan of the cervical spine is indicated." In this case, the patient has constant neck pain and the symptoms have to improve with conservative care. However, there are no signs of neurologic deficit. ODG requires neurologic signs and symptoms for an MRI. There are no radiating symptoms down. The patient does not present with any red flags, significant exam findings demonstrating neurologic deficit to consider an MRI. The request IS NOT medically necessary.