

Case Number:	CM15-0130854		
Date Assigned:	07/17/2015	Date of Injury:	06/20/1992
Decision Date:	11/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/07/2015

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:

This injured worker is a 67 year old female, who sustained an industrial injury on 06-20-2012. The injured worker was diagnosed as having cervical spondylosis without myelopathy-interstitial myositis. On medical records dated 06-04-2015, the subjective complaints were noted as neck and shoulder pain. Pain was rated at 7 out of 10. Objective findings were noted as cervical spine revealed tenderness to palpation, palpable band of taut muscle with positive twitch response and referred pain. Right cervical facet arthropathy was noted as well. Treatments to date included message therapy, chiropractic treatment and medication. Per documentation the last MRI of the cervical spine was in 2007 (no report submitted). Current medications were listed as Naproxen, Lidoderm, and topical cream. The Utilization Review (UR) was dated 06-26-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for MRI without contrast of the cervical spine was non-certified.

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 spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, MRI.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

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 imaging of the neck and the request is not medically necessary.