

Case Number:	CM15-0170282		
Date Assigned:	09/10/2015	Date of Injury:	03/12/2014
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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 40 year old male, who sustained an industrial injury on 3-12-2014. Diagnoses include cervical spine discopathy and history of C6 cervical fracture. Treatment to date has included surgical intervention (reconstructive surgery right upper extremity, 3-12-2014), as well as conservative measures including diagnostics, H-wave, transcutaneous electrical nerve stimulation (TENS), physical therapy and medications. Per the Primary Treating Physician's Progress Report dated 6-24-2015, the injured worker reported constant sharp pain in the right shoulder with stiffness and weakness. Objective findings of the cervical spine included tenderness and spasm of the paracervical muscles and over the spinous processes. Ranges of motion were flexion 20 degrees, extension 10 degrees, left lateral flexion 10 degrees, right lateral flexion 15 degrees, and left and right rotation 10 degrees. Authorization was requested on 6-24-2015 for magnetic resonance imaging (MRI) cervical spine, physical therapy and psychological consultation. On 7-31-2015 Utilization Review non-certified the request for MRI of the cervical spine without contrast citing lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study as the patient has unchanged neurological deficit in bilateral upper extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI cervical spine without contrast is not medically necessary and appropriate.