

Case Number:	CM15-0171146		
Date Assigned:	09/11/2015	Date of Injury:	02/18/2015
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/31/2015

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 41-year-old male injured worker suffered an industrial injury on 2-18-2015. The diagnoses included cervical sprain. On 5-21-2015 the treating provider reported sharp pain in the neck radiating to the left side and requested cervical magnetic resonance imaging. The pain was rated as 6 out of 10 and described as moderate. Associated symptoms included decreased neck range of motion, neck muscle spasms, neck stiffness, neck tenderness and shoulder pain. There had been no significant improvement from wither physical therapy or acupuncture. On exam there was tenderness of the cervical spine, full range of motion and neurovascular function intact. On 7-24-2015 the provider reported the neck pain had persisted and increased with activity. On exam there was tenderness to the cervical muscles with sensations intact. On 3-16-2015 the provider noted there were cervical x-rays taken with a preliminary report of, "no definite acute changes noted today". The injured worker had returned to work. The Utilization Review on 8-11-2015 determined non-certification for Magnetic resonance imaging (MRI) without contrast of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter under Magnetic Resonance Imaging.

Decision rationale: The 41 year old patient complains of persistent pain in the neck that increases with lifting over shoulder level, as per progress report dated 07/24/15. The request is for MAGNETIC RESONANCE IMAGING (MRI) WITHOUT CONTRAST OF THE CERVICAL SPINE. The RFA for this case is dated 06/26/15, and the patient's date of injury is 02/18/15. Diagnosis, as per progress report dated 07/24/15, included persistent cervical sprain/strain. The patient is on modified duty, as per progress report dated 07/24/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, Special Studies and Diagnostic and Treatment Considerations section and pages 177-178: Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist. ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter under Magnetic Resonance Imaging states: Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit. In this case, the request for MRI of the cervical spine is noted in progress report dated 06/26/15. The treater is requesting the study to rule out ischemic etiology. Progress reports do not document prior MRI of the cervical spine. Patient does suffer from neck pain. Physical examination, as per progress report dated 07/24/15, revealed tenderness to palpation in the paraspinal muscles along with reduced range of motion. However, sensation along C6 and C7 dermatomes is intact. Physical examination, as per progress report dated 06/26/15, revealed negative Spurling's test and Lhermitte's test. The progress reports available for review do not document any neurological findings that may warrant an MRI. The patient does not present with any red flags such as myelopathy or bowel/bladder symptoms either. ODG Guidelines do not support MRI unless there are neurologic signs/symptoms. Therefore, the requested MRI of the cervical spine IS NOT medically necessary.