

Case Number:	CM15-0176323		
Date Assigned:	09/17/2015	Date of Injury:	05/22/2015
Decision Date:	10/27/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, California
 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:

The injured worker is a 63-year-old female, who sustained an industrial injury on May 22, 2015. She reported an injury to her left buttock and left hand. A doctor's first report of occupational injury or illness on May 28, 2015 revealed the injured worker reported trauma involving her left hip and left side. Associated symptoms included painful range of motion and stiffness and "she has developed pain in the left upper and lower extremities, including the left hip, back, neck and left shoulder girdle." On evaluation on May 28, 2015, the injured worker had a supple neck with full range of motion. On June 4, 2015, the injured worker reported that she had returned to work but it was difficult and that she was unable to do her regular work. On physical examination on June 4, 2015 and on June 16, 2015, the injured worker's neck was supple with full range of motion and she had pain with range of motion of the neck. On June 25, 2015, the documentation revealed the injured worker was not able to tolerate land physical therapy and was referred to aqua therapy. Her neck was supple with full range of motion and she had pain in the neck with range of motion. X-rays of the cervical spine on July 6, 2015 revealed degenerative disc disease at C5-6 and C6-7. The injured worker was evaluated on August 4, 2015. The evaluating physician noted that the injured worker would begin water therapy the following day and would see a neurologist the following day. On physical examination, the injured worker had pain in the neck with range of motion. The injured worker was diagnosed as having cervical neuropathy, and cervical strain. Treatment to date has included physical therapy, ice therapy, and aquatherapy. A request for authorization for an MRI of the cervical spine without contrast per August 11, 2015 order was received on August 11, 2015. On August 25, 2015, the

Utilization Review physician determined an MRI of the cervical spine without contrast per August 11, 2015 order was not medically necessary. The patient sustained the injury due to fall from a chair. The medication list includes Naproxen, Valium, Flexeril and Ultram. Per the note dated 7/7/15 the patient had complaints of pain in left side of body. Physical examination of the cervical spine revealed limited range of motion, normal strength and no tenderness on palpation. The patient has had normal neurological examination.

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: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 6/25/15) Magnetic resonance imaging (MRI).

Decision rationale: MRI cervical spine, without contrast. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter, 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." Associated symptoms included painful range of motion and stiffness and "she has developed pain in the left upper and lower extremities, including the left hip, back, neck and left shoulder girdle." On June 25, 2015, the documentation revealed the injured worker was not able to tolerate land physical therapy. X-rays of the cervical spine on July 6, 2015 revealed degenerative disc disease at C5-6 and C6-7. The injured worker was diagnosed as having cervical neuropathy, and cervical strain. Per the note dated 7/7/15, the patient had complaints of pain in the left side of the body. Physical examination of the cervical spine revealed limited range of motion. Patient has been treated conservatively with physical therapy and medications and still has significant pain in left side of body along with significant objective findings. At this time an imaging study of the cervical spine (MRI) is indicated to further evaluate the cause of the persistent symptoms and to rule out the presence of any significant pathology in the cervical spine. The request for MRI cervical spine, without contrast is medically necessary and appropriate for this patient at this time.