

Case Number:	CM15-0030955		
Date Assigned:	02/24/2015	Date of Injury:	02/14/2012
Decision Date:	06/17/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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:

This is a 41-year-old female patient, who sustained an industrial injury on 02/14/2012. The diagnoses include thoracic and lumbosacral sprain/strain, contusion of the thoracic and lumbosacral spine and myofascial pain syndrome. Per the doctor's note dated 1/29/15, she had complaints of neck pain, mid back pain and left shoulder pain. Per the progress note dated 01/15/2015, she had complaints of ongoing neck, mid-back and left shoulder pain. Physical examination revealed cervical paraspinal tenderness to palpation, myofascial tightness, multiple trigger points, tenderness to palpation of the left shoulder and significant tightness around the left rhomboid musculature. The medications list includes celebrex and neurontin. She has undergone appendectomy, gall bladder removal surgery and bilateral carpal tunnel release. Treatment to date has included oral and topical pain medications, injections to right hand fingers and a home exercise program. A request for authorization of an MRI of the cervical spine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: MRI of cervical spine. 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."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."The records provided did not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Evidence of failure of conservative therapy is not specified in the records provided. A recent cervical X-ray report was not specified in the records provided. In addition, electro-diagnostic study with significant neurological deficits is not specified in the records provided.MRI of the cervical spine is not medically necessary for this patient.