

Case Number:	CM15-0068365		
Date Assigned:	04/16/2015	Date of Injury:	12/04/2013
Decision Date:	05/15/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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:

The injured worker is a 42-year-old male, who sustained an industrial injury on 12/04/2013. He reported pain in his neck, right shoulder and lower back. The injured worker was diagnosed as having cervical spine myoligamentous injury, right shoulder derangement, right bilateral carpal tunnel syndrome and lumbar spine myoligamentous injury. Treatment to date has included chiropractic care, MRI, trigger point injections and medications. According to a progress report dated 03/13/2015, the injured worker complained of cervical spine pain with occasional radiation to the bilateral upper extremities with numbness tingling, paresthesias, and lumbosacral spine pain with radiation to both lower extremities with generalized weakness, numbness and paresthesias. An MRI was performed on 12/19/2013. Diagnoses included multilevel cervical spondylosis with radicular symptomatology bilateral upper extremities and degenerative disc disease with associated facet arthropathy at L4-5, L5-S1 and lesser at L3-4 with radicular symptomatology of the lower extremities. Treatment plan included electrodiagnostic testing and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

(MNR #252888) MRI (magnetic resonance imaging) Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

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

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 and 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 patient had a previous cervical MRI in 12/2013. 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 a MRI of the neck and the request is not medically necessary.