

Case Number:	CM15-0069171		
Date Assigned:	04/16/2015	Date of Injury:	09/27/2012
Decision Date:	05/18/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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 52-year-old male who sustained an industrial injury on September 27, 2012. Prior treatment includes chiropractic therapy, acupuncture therapy, physical therapy, and imaging of the cervical and lumbar spine. Currently the injured worker complains of cervical spine pain, lumbar spine pain and abdominal pain. He reports constant radicular pain to the left lower extremity. His cervical and lumbar spine pain is rated a 9 on a 10-point scale on 3/3/15. The patient has had radiation of neck pain. Physical examination of the cervical spine revealed tenderness on palpation, limited range of motion and positive cervical compression test. Diagnoses associated with the request include cervical spine strain with bilateral radiculitis and lumbar spine strain with bilateral radiculitis. His treatment plan includes updated MRI of the cervical spine and lumbar spine, and lumbar spine corset brace. The patient has had MRI of the cervical spine 7/31/12 that revealed degenerative changes, central stenosis, disc protrusion and foraminal narrowing. The patient sustained the injury due to MVA. The medication list include Norco and Vicodin. The patient has had X-ray of the cervical spine that revealed osteophytes and X-ray of the lumbar spine with normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 05/12/15) Magnetic resonance imaging (MRI).

Decision rationale: Request: MRI (magnetic resonance imaging) 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." 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." Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neuro-compression, recurrent disc herniation)." The patient has had MRI of the cervical spine 7/31/12 that revealed degenerative changes, central stenosis, disc protrusion and foraminal narrowing. Any significant changes in objective physical examination findings since the last study, which would require a repeat study, were not specified in the records provided. Patient does not have any severe, progressive neurological deficits that are specified in the records provided. The findings suggestive of tumor, infection, fracture, or other red flags were not specified in the records provided. A report of a recent cervical spine plain radiograph was also not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The medical necessity of the request for MRI (magnetic resonance imaging) Cervical Spine is not fully established for this patient. The request IS NOT medically necessary.