

Case Number:	CM15-0076292		
Date Assigned:	04/27/2015	Date of Injury:	06/03/2003
Decision Date:	05/26/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 62 year old male sustained an industrial injury on 6/3/03. He subsequently reported back, face and elbow injury and pain. Diagnoses include cervical radiculopathy and cervical pain. Treatments to date have included x-ray and MRI studies, surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience neck and bilateral upper extremity pain. Upon examination, spasms and tenderness are noted, range of motion is restricted. A request for an MRI of the cervical spine without contrast was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM 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." While there is discussion of willingness for possible future surgery there is no planned surgery. There is no documentation in the provided medical record noting failure of a treatment program or of significant changes in physical status. As the treating physician has not provided evidence of red flags to meet the criteria above the request for MRI OF THE CERVICAL SPINE is deemed not medically necessary.