

Case Number:	CM15-0078990		
Date Assigned:	04/30/2015	Date of Injury:	12/08/2014
Decision Date:	06/10/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/24/2015

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: Arizona, 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 44 year old female patient who sustained an industrial injury on 12/08/2014. A follow up visit dated 04/08/2015 reported the treating diagnoses as: brachial neuritis/radiculitis; thoracic/lumbosacral neuritis/radiculitis; sprain/strain of neck; strain/sprain of lumbar, and shoulder strain/sprain. The patient is with subjective complaint of neck pain, right shoulder pain, and low back pain. Objective findings showed moderate tenderness on L1-L5-S1 piriformis, hamstring area. There is constant neck pain with movement that frequently triggers shoulder and upper back side of arm pain. There was moderate tenderness on C7-T1 and cervical compression was positive. An MRI of the cervical spine was ordered to evaluate disc disease.

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, with and without contrast, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. Neurological deficits or weakness in the cervical distribution was not noted with the compression findings nor was there note of any acute presentation. The request for an MRI of the cervical spine is not medically necessary.