

Case Number:	CM15-0079350		
Date Assigned:	04/30/2015	Date of Injury:	10/02/2012
Decision Date:	05/29/2015	UR Denial Date:	03/20/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 58 year old male, who sustained an industrial injury on October 2, 2012. He has reported neck pain, back pain, and shoulder pain. Diagnoses have included cervical spine sprain, lumbar spine sprain, cervical spine disc disease, lumbar spine disc disease, right shoulder sprain, rule out impingement syndrome, insomnia, anxiety, and depression. Treatment to date has included medications, physical therapy, imaging studies, and diagnostic testing. A progress note dated February 23, 2015 indicates a chief complaint of neck pain radiating to the right shoulder and arm, and back pain with numbness of the thighs. The treating physician documented a plan of care that included magnetic resonance imaging of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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): 182.

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended in case of red flags suggesting cervical spine damage such as tumor, infection, cervical root damage and fracture. There is no documentation of any of these red flags in this case. There is no documentation of failure of conservative therapies in this patient. Therefore the request for MRI of the cervical spine is not medically necessary.