

Case Number:	CM15-0093784		
Date Assigned:	05/20/2015	Date of Injury:	09/03/2014
Decision Date:	09/04/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 25 year old male, who sustained an industrial injury on 9-03-2014. Diagnoses include cervical, trapezial and thoracic sprain or strains. Treatment to date has included modified duty, medications including anti-inflammatories and analgesics, and physical therapy. Per the initial Comprehensive Orthopaedic Medical Evaluation dated 1-19-2015, the injured worker reported persistent pain in his neck and upper back, primarily on the right side. He has some mid back pain as well. Physical examination revealed diffuse tenderness to palpation in the cervical or trapezial musculature more so on the right than on the left side. There was painful range of motion of the cervical spine. The plan of care included acupuncture and modified duty. Authorization was requested for magnetic resonance imaging (MRI) 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: Overturned

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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging.

Decision rationale: The patient was injured on 09/03/14 and presents with pain in his cervical spine and trapezial musculature. The request is for a MRI OF THE CERVICAL SPINE. The utilization review denial letter does not provide a rationale. There is no RFA provided and as of 03/02/15, the patient is on "modified duty consisting of a 50 pound lifting restriction." Review of the reports provided does not indicate if the patient had a prior MRI of the cervical spine. Regarding MRI, the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: "Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction." It defines physiologic evidence as a form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: "Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit." The report with the request is not provided. The patient has tenderness along the right trapezius with spasm and is diagnosed with neck sprain/strain, sprain/strain of other specified sites of shoulder and upper arm, right trapezius strain, and thoracic sprain/strain. Treatment to date has included modified duty, medications including anti-inflammatories and analgesics, and physical therapy. Review of the reports provided does not indicate if the patient has had a prior MRI of the cervical spine. Given that the patient continues to have chronic cervical spine pain and does not have a recent MRI of the cervical spine, the request appears reasonable. Therefore, the requested MRI of the cervical spine IS medically necessary.