

Case Number:	CM15-0097281		
Date Assigned:	06/11/2015	Date of Injury:	08/19/2014
Decision Date:	07/13/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/20/2015

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: Preventive Medicine, Occupational 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 60 year old male, who sustained an industrial injury on 8/19/2014. He reported injury from falling from a chair. The injured worker was diagnosed as having cervical spondylosis, lumbar spondylosis, occipital neuralgia, left lumbar radiculopathy, chronic pain syndrome and history of lumbar laminectomy. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/16/2015, the injured worker complains of cervical, thoracic and lumbar back pain, rated 8-9/10. Physical examination showed paraspinal tenderness. No dermatomal nerve dysfunction was documented. No updated plain films are documented. The treating physician is requesting cervical spine magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and upper back - Magnetic Resonance Imaging.

Decision rationale: Guidelines do not recommend the routine use of cervical MRI studies unless there are significant or progressive neurological signs and symptoms, possible "red flag" conditions and/or plain films have been performed and there is a possible instability or bony lesions. None of the qualifying conditions appear to be met. Prior x-rays results are not found in the records reviewed. No significant changes in symptoms are reported and changes in neurological functioning is documented. Under these circumstances a cervical MRI is not supported, it is not medically necessary.