

Case Number:	CM14-0142697		
Date Assigned:	09/10/2014	Date of Injury:	04/23/2003
Decision Date:	10/20/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 58-year-old female with a 4/23/03 date of injury. She sustained multiple injuries while working as a medical biller. According to a progress report dated 8/20/14, the patient stated that her cervical spine and lumbar spine are her greatest orthopedic complaints. The patient had completed 6 sessions of acupuncture treatment, which increased flexibility, decreased her pain level, and decreased her pain medication consumption. The patient also stated that she gets temporary relief with using a TENS unit. In a report dated 5/14/14, the patient had an acute flare up of neck pain and received a toradol injection that provided the patient with relief of her acute neck pain. Objective findings: palpable tenderness midline L3-S1 region, mild left knee crepitation, cervical spine examination revealed negative Spurling's test and negative compression test, bilaterally. Treatment to date: medication management, activity modification, physical therapy, TENS unit, ESI, home exercise program, surgery. A UR decision dated 8/12/14 denied the request for MRI of the cervical spine. No clinical findings indicative of cervical radiculopathy were present, and conclusive evidence of neurological dysfunction was lacking.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180, Chronic Pain Treatment Guidelines 9792.23.2 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - MRI

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. There is no documentation of failure of conservative therapy. In fact, according to the reports reviewed, it is noted that the patient's pain is relieved by Toradol injection, acupuncture, and use of her TENS unit. There is no documentation of cervical radiculopathy and no objective evidence of neurological compromise that would warrant a cervical MRI. Her cervical spine Spurling's test was negative. In addition, there were no x-rays provided for review. Therefore, the request for MRI of the Cervical Spine is not medically necessary.