

Case Number:	CM16-0245128		
Date Assigned:	12/27/2016	Date of Injury:	10/26/2016
Decision Date:	01/24/2017	UR Denial Date:	12/12/2016
Priority:	Standard	Application Received:	12/21/2016

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: Florida

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 37 year old female with an industrial injury date of 10-26-2016. Medical record review indicates the injured worker is being treated for strain of lumbar region, right lumbosacral radiculopathy, sprain of right shoulder, neck sprain and right wrist pain. The injured worker presented on 11-09-2016 with complaints of right side body pain and tingling in face and toes on the right. Current medications included Tizanidine. Prior treatment included physical therapy. Physical exam noted tenderness of cervical spine, right paraspinal and right trapezius muscle. Active range of motion flexion was 40 degrees and painful, extension 10 degrees and painful, right and left side bending 25 degrees, right rotation 45 degrees and left rotation 35 degrees and painful. The treatment plan included cervical MRI of the cervical spine, ice and heat, medications and physiatrist referral for the neck. On 12-12-2016 the request for MRI of the cervical spine without contrast was non-certified by utilization review.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Neck and Upper Back (updated 11/16/16), Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The claimant is a 37 year old female with an industrial injury date of 10-26-2016. She has a diagnosis of neck sprain. This request is for an MRI of the cervical spine without contrast. California MTUS guidelines state regarding special studies of the Cervical spine, "Criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure." Regarding this claimant's case, only paraspinal tenderness is noted on physical exam. There is no documentation of neurological dysfunction. There is also a lack of documentation of failure to progress in a strength training program intended to avoid surgery. No red flags are documented. There is no documentation of a planned eminently invasive procedure. There is also a lack of documentation of a negative plain film cervical spine x-ray. This request does not satisfy MTUS guidelines, and it is not considered medically necessary.