

Case Number:	CM16-0235724		
Date Assigned:	12/12/2016	Date of Injury:	10/21/2016
Decision Date:	01/09/2017	UR Denial Date:	11/22/2016
Priority:	Standard	Application Received:	12/07/2016

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: California, Virginia

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 33 year old female who sustained an industrial injury on 10-21-16. The injured worker reported discomfort of the neck, right knee and ankle. A review of the medical records indicates that the injured worker is undergoing treatments for cervicalgia, strain of muscle, fascia and tendon at neck level, strain of right knee and strain of the calcaneofibular ligament of the right ankle. Medical records dated 11-8-16 indicate pain rated at 5 out of 10. Provider documentation dated 11-8-16 noted the work status as return to modified work. Treatment has included x-ray, physical therapy, TENS unit, Tylenol, Etodolac and Flexeril. Objective findings dated 11-8-16 were notable for cervical spine with restricted range of motion and decreased C5 and C6 dermatome sensation. The original utilization review (11-22-16) denied a request for MRI of the cervical spine bilateral without contrast.

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 bilateral without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: Per the MTUS ACOEM Guidelines, MRI may be considered in cases where red flags are present or in cases where evidence of tissue injury or neurologic dysfunction are present, failure in strengthening program to avoid surgery, or to clarify anatomy prior to operative intervention/invasive procedures. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case there is indication of neurologic dysfunction that has not necessarily improved, which is supportive of obtaining MRI. Therefore the request is considered medically necessary at this time.