

Case Number:	CM17-0020237		
Date Assigned:	02/06/2017	Date of Injury:	10/11/2016
Decision Date:	02/28/2017	UR Denial Date:	01/23/2017
Priority:	Standard	Application Received:	01/31/2017

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: Arizona, California

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 41 year old male, who sustained an industrial injury on 10-11-2016. The injured worker is undergoing treatment for neck and back pain. Mechanism of injury occurred when the injured worker was involved in a motor vehicle accident. Current work status is temporarily totally disabled. The treatment and diagnostic testing to date has included: at least 5 sessions of physical therapy which did not help, medications and evaluations. Medications have included: Naprosyn. Physician progress notes dated 12-20-16, reported the injured worker presented with neck and thoracolumbar pain that is progressively getting worse. The injured worker also reported having headaches and anxiety with difficulty sleeping due to the inability to resume working. The injured worker reported pain is from the neck into the lower lumbar area and denied radiation into the arms and legs. The injured worker reported that the bouncing of the vehicle increases the symptoms to an intolerable level. Objective findings: diffuse tenderness in the posterior cervical musculature, full range of motion with flexion, extension, lateral bending to the left and right and rotation to the left and right, both shoulders demonstrates full pain free range of motion, full pain free range of motion of both elbows, wrists and small joints of the hand, muscle and strength testis is normal and sensation is intact. Examination of the thoracolumbar spine reveals diffuse tenderness to palpation throughout the lumbar spine, range of motion demonstrates forward bending 60 degrees, extension 20 degrees, lateral bend to the left and right 20 degrees, straight leg raise is negative both seated and supine, pain free range of motion of all joints of bilateral lower extremities and sensation is intact. The physician documented the plan is for cervical and lumbar MRI scan and retroactive request for urine

toxicology screen performed today. The request for authorization is for MRI of the cervical spine. The UR dated 1-23-17 non-certified the request for 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 (magnetic resonance imaging) of the cervical spine: Upheld

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

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

Decision rationale: According to the ACOEM Neck Pain guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. Neurological exam is unremarkable. The request for an MRI of the cervical spine is not medically necessary.