

Case Number:	CM13-0000969		
Date Assigned:	02/26/2014	Date of Injury:	02/06/2013
Decision Date:	04/11/2014	UR Denial Date:	06/17/2013
Priority:	Standard	Application Received:	07/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 53 year-old male with a date of injury of 2/6/13. The listed diagnoses are cervical strain, and trapezius strain. According to a report dated 6/7/13, the patient presents for a follow-up for cervical strain and trapezial spasms. The patient has pain and tenderness in his neck with difficulty with movement. The patient has finished physical therapy and it has helped with range of motion and the tightness to the musculature. Examination of the cervical spine reveals range of motion and movement elicits minor tightness with forward flexion and rotation with pulling sensation to the right shoulder. Full range of motion and movement of the shoulders was noted. The treating physician is requesting an MRI due to the persistency of complaints.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): s 177-178.

Decision rationale: This patient presents for a follow-up for cervical strain and trapezial spasms. The treating physician is requesting an MRI of the cervical spine. The ACOEM guidelines state

that ordering imaging studies can be certified with the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The ACOEM guidelines may be more appropriately applied for acute and sub acute cases. For chronic conditions, the Official Disability Guidelines recommend MRI studies for chronic neck pain after three months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. In this patient, there are no neurologic signs or symptoms, such as radiating pain down the arm. Examination does not reveal any neurologic symptoms either, and there are no concerns for tumor, infection, dislocation, myelopathy, or other red flag conditions. In addition, the patient has just finished a course of therapy and it has helped with range of motion and with the tightness to the musculature. The patient appears to be improving. An MRI at this juncture is not medically necessary. The request is noncertified.