

Case Number:	CM13-0008348		
Date Assigned:	09/13/2013	Date of Injury:	07/19/2007
Decision Date:	01/09/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 60 year-old male with a date of injury 7/19/07. The patient's diagnoses include: posttraumatic headaches; status post cerebrovascular accident; cervical/thoracic strain/arthrosis with bilateral neural foraminal stenosis at C6-7; bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis and mild glenohumeral joint arthrosis and possible intra-articular injury based on mechanism; bilateral carpal tunnel syndrome. The supplemental report dated 8/5/13, by ██████████ noted that in response to the denial for a cervical MRI, that the patient saw ██████████, a spine specialist on 5/15/13. In that report, ██████████ recommended an MRI of the patient's brain. The neurology AME report from 5/2/12, by ██████████ in the future medical treatment section, does not mention the patient requiring a MRI of the brain. Therefore, ██████████ noted that he will not be requesting either an MRI of the cervical spine or of the brain, moving forward.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The 7/25/13 PR2 by [REDACTED], states the patient needs a MRI of the cervical spine as recommended by [REDACTED]. There are no objective cervical spine findings, or subjective complaints of the cervical spine documented on that report. The 5/14/13 report from [REDACTED] states the patient has a chronic cervical strain. He recommended an MRI of the brain. There does not appear to be any progressive neurologic symptoms since the prior cervical MRI from 11/12/12. The request for the cervical MRI is not in accordance with ACOEM guidelines.