

Case Number:	CM13-0013792		
Date Assigned:	02/21/2014	Date of Injury:	12/24/2010
Decision Date:	04/11/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/19/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 43-year-old man with a date of injury of 12/24/10. He was seen for a follow up evaluation by a neurosurgeon on 5/24/13 and 7/26/13. On 5/24/13, he had full strength in the upper extremity motor groups bilaterally. His gait was normal and his reflexes were symmetric. He is status post a three level cervical discectomy and fusion. He had complaints of increasing neck and left arm pain with difficulty with his voice and swallowing. He was said to have a known kyphotic deformity of his neck and he denied any weakness or neurological deficits. A CT scan to evaluate the status of the fusion was recommended with an otolaryngologist evaluation for swallowing and vocal difficulties. At issue in this review is a cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CERVICAL SPINE MRI WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 11TH EDITION (WEB), 2013, X-RAYS; REPEAT MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck and arm pain is for a MRI of the cervical spine. The records document a physical exam from 5/13 with full strength in the upper extremity motor groups bilaterally. His gait was normal and his reflexes were symmetric. There were no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically indicated.