

Case Number:	CM13-0016441		
Date Assigned:	11/06/2013	Date of Injury:	11/30/2012
Decision Date:	02/05/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/26/2013

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 Family Medicine, 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:

This injured worker is a 55 year old woman whose date of injury was 11/30/12. She has chronic neck, R shoulder, and lower back pain. On exam of the neck she had muscle spasm and tenderness. On the cervical neurologic exam, there were no lateralizing deficits. She received physical therapy and trigger point injections. Her medications included: naproxen, medroxin, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR (American College of Radiology) Appropriateness Criteria chronic neck pain, Retrieved from <http://www.guideline.gov/content.aspx?id=23823>; accessed online 02/01/14

Decision rationale: This woman has chronic neck pain (cervicalgia) with no neurologic deficits on examination. Her cervical spine x-ray dated 11/30/12 was read as normal ("mild spondylosis C5-C6" is unlikely to be of any clinical significance here). On reviewing the medical records

presented, there were no findings of any clinical red flags nor concrete signs of nerve root impingement, such as a radicular sensory deficit in combination with a corresponding loss of motor function. According to the ACR (American College of Radiology) guidelines, a cervical magnetic resonance imaging (MRI) is not indicated for this patient. The request for a cervical MRI is non-certified.