

Case Number:	CM13-0021960		
Date Assigned:	11/13/2013	Date of Injury:	01/04/2011
Decision Date:	02/11/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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 Orthopedic Surgery 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 records indicate that the patient's date of injury is 01/04/11. The patient was previously diagnosed with a cervical strain. The patient complains of pain in the neck radiating to the right upper extremity. A prior MRI of the cervical spine was already performed on 11/19/12. That study showed no significant disc bulging, central stenosis, or neuroforaminal stenosis. There is no indication that the patient sustained interval trauma or has new symptoms or different physical examination findings. A new MRI of the cervical spine has been requested.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: A new MRI of the cervical spine cannot be recommended as medically necessary. Given the unremarkable MRI of the cervical spine from November of 2012, the rationale for a repeat study would be unclear. Guidelines would not typically allow for imaging in the absence of interval trauma with physiologic evidence of neurologic dysfunction. Records

suggest that the patient had good strength and sensation in her upper extremities. For all of these reasons, a new MRI of the cervical spine would not be recommended as medically necessary based on the information reviewed.