

Case Number:	CM13-0022433		
Date Assigned:	09/08/2014	Date of Injury:	08/12/2004
Decision Date:	10/10/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/11/2013

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 45-year-old gentleman was reportedly injured on August 12, 2004. The mechanism of injury is stated to be cumulative trauma. The most recent progress note, dated July 22, 2013, indicates that there are ongoing complaints of cervical spine pain radiating to the left greater than right upper extremity. The physical examination demonstrated tenderness of the cervical paraspinal muscles and the bilateral upper trapezius. There was decreased range of motion of the cervical spine and decreased sensation from the second through fifth fingers on the left worse than the right side. Diagnostic imaging studies of the cervical spine revealed extensive postsurgical changes and degenerative disc disease. Previous treatment includes cervical spine decompression and fusion at C5 - C6 and C6 - C7 as well as right knee surgery. A request had been made for an MRI of the cervical spine and was not certified in the pre-authorization process on August 23, 2013.

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: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically cited)

Decision rationale: According to the American College of Occupational and Environmental Medicine, a repeat MRI of the cervical spine is indicated for new radicular symptoms. The physical examination dated July 22, 2013 indicates that the injured employee had abnormal neurological findings of both upper extremities. Considering this, a repeat MRI the cervical spine is medically necessary.