

Case Number:	CM13-0023243		
Date Assigned:	11/15/2013	Date of Injury:	11/21/2008
Decision Date:	01/15/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/12/2013

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 Neurology and is licensed to practice in Massachusetts, Ohio, and Texas. 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 53-year-old male with a reported date of injury on 11/21/2008. The patient presented with 8/10 pain in the cervical spine and paraspinal tenderness in the cervical spine. Diagnoses included status post x3 lumbar spine fusions and hardware removal, failed back syndrome, and lumbar spine radiculopathy. The physician's treatment plan consisted of request for MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter Neck and Upper Back.

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

Decision rationale: The California MTUS Guidelines do not address cervical spine MRI. ACOEM recommends the use of MRI or CT to evaluate red-flag diagnoses (fracture, or neurologic deficit associated with acute trauma, tumor, or infection) and the use of MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination

findings, in preparation for invasive procedure if the patient has had no improvement after 1 month of conservative care. Within the provided documentation, the requesting physician did not include an adequate and complete assessment of the patient's current condition including a neurologic assessment in order to demonstrate the patient's need for an MRI at this time. Additionally, within the provided documentation, the patient's prior conservative treatment was unclear. Therefore, the request for MRI of the cervical spine is neither medically necessary, nor appropriate.