

Case Number:	CM13-0024357		
Date Assigned:	12/27/2013	Date of Injury:	02/19/2007
Decision Date:	04/17/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/16/2013

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 patient is a 53 year old female injured in a work related accident on February 19, 2007. A recent clinical record dated August 23, 2013 noted that the claimant had interval complaints of cervical pain and that a June 21 cervical MRI and myelogram of the lumbar spine was ordered but had yet to be performed. A documented physical examination showed no "specific neurologic deficit." He described continued pain into the hip with L2-3 and L3-4 dermatomal discomfort on palpation. No cervical examination was noted. The physician diagnosed the patient with cervical spondylolisthesis and recommended an MRI scan for further assessment and evaluation. Prior imaging to the cervical spine was not noted

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 WITHOUT CONTRAST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-178.

Decision rationale: Based on the CA MTUS ACOEM 2004 Guidelines the request for a cervical MRI would not be supported. The clinical records indicate continued complaints of neck pain but

fail to identify specific physical examination findings that would indicate the presence of an acute neurologic process that would warrant imaging at this stage in the claimant's chronic course of care. The lack of documentation of the above information would fail to necessitate an MRI scan of the cervical spine as requested.