

Case Number:	CM13-0025051		
Date Assigned:	11/20/2013	Date of Injury:	04/22/2010
Decision Date:	02/13/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/17/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 58 year old female with date of injury of 04/22/2010. The Patient's diagnoses are cervical strain, lumbar strain and inguinal strain bilaterally. According to report dated 08/21/2013 by [REDACTED], patient continues to complain of neck pain. Examination of the cervical spine showed well-preserved posture with no splinting. There is dorsal spinal tenderness at C2 through C6, paracervical muscles are nontender to palpation and trapezia nontender bilaterally with no rigidity. Patient showed normal range of motion chin to chest. Range of Motion (ROM) was noted within normal limits except for extension at 15 degrees. It was also noted that there was no evidence of radiating pain to the UE on cervical motion. Request is for a cervical spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Magnetic Resonance Imaging (MRI): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), pg 177-178.

Decision rationale: This patient presents with continued complaints of pain in the neck. The treater is requesting an MRI of the cervical spine. ACOEM guidelines pg 177, 178 has the following criteria for ordering imaging studies: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. This patient's examination is neurological normal. There are no documented radicular symptoms to suspect C-spine nerve root injury or neurologic dysfunction; no potential surgery to clarify anatomy. Recommendation is for denial.