

Case Number:	CM13-0035933		
Date Assigned:	03/03/2014	Date of Injury:	09/03/2013
Decision Date:	08/12/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/18/2013

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 Orthopedic Surgery and is licensed to practice in New York. 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 patient has a date of injury of September 3, 2013 when he fell from a ladder at work. He has chronic neck pain. He is taken medications without relief. Physical examination reveals tenderness palpation of the cervical spine. There is tenderness of the spinous processes from C3-C7. There is reduced range of motion in the cervical spine. Deep tendon reflexes are normal in the bilateral upper extremities. There is no documentation of neurologic deficit in the bilateral upper extremities. Patient is diagnosed with cervical strain. At issue is whether MRI the cervical spine is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: This patient does not meet establish criteria for cervical MRI imaging. Specifically, the patient does not have a neurologic deficit in the bilateral upper extremities. Also, there is no documentation of her recent trial and failure of conservative measures to

include physical therapy. Patient must complete a sustained course of conservative measures to include physical therapy. MRI imaging is not medically necessary at this time. The patient does not have any red flag indicators for MRI such as concern for fracture, tumor, or evidence of a progressive neurologic deficit. MRI the cervical spine is not medically necessary.

Physical Medicine & Rehabilitation consultation for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: This patient does not meet criteria for physical medicine consultation at this time. The medical records do not document that the patient has had an adequate trial and failure of recent conservative measures to include physical therapy for his chronic neck pain. More conservative measures are needed. Also, the patient does not have any red flag indicators for consultation such as neurologic deficit, fracture, or tumor. More conservative measures are needed at this time. Criteria for referral to physical medicine not met, therefore is not medically necessary.