

Case Number:	CM13-0038540		
Date Assigned:	12/18/2013	Date of Injury:	06/15/2012
Decision Date:	02/14/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/25/2013

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 is licensed to practice in New York 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 52-year-old male who reported an injury on 06/15/2012. The patient is diagnosed with tendonitis in the right hand, rule out cervical radiculopathy, myofascial sprain of the lumbar spine, and disc protrusion in the lumbar spine. The patient was recently seen by [REDACTED] on 09/23/2013. The patient complained of sharp lower back pain with radiation to the bilateral thighs. The patient also reported right wrist pain, right elbow and shoulder pain, and left shoulder pain. Physical examination of the cervical spine revealed tenderness to spasm of the paravertebral musculature, upper trapezii, and intrascapular areas bilaterally, slightly diminished range of motion, intact sensation, 2+ deep tendon reflexes bilaterally, and negative Adson's testing bilaterally. X-rays of the cervical spine obtained in the office on that date indicated no fracture or dislocation with straightening of the lordotic curve. Disc spaces were well maintained. Treatment recommendations included an 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 cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Magnetic Resonance Imaging

Decision rationale: California MTUS/ACOEM Practice Guidelines state criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. As per the clinical notes submitted, the patient's x-rays obtained in the office on the requesting date of 09/23/2013 revealed no evidence of fracture or dislocation with straightening of the lordotic curvature and well maintained disc spaces. There is no documentation of abnormal neurologic findings upon physical examination. The medical necessity for the requested procedure has not been established. Therefore, the request is non-certified..