

Case Number:	CM13-0047230		
Date Assigned:	12/27/2013	Date of Injury:	06/07/2011
Decision Date:	06/06/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/05/2013

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 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 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 injured worker is a 49-year-old individual who sustained an injury in June 2011 and reports frequent pain in the nuchal region. This is associated with periodic sensory changes. Also noted were complaints of dizziness, and decreased range of motion; a possible diagnosis of a cervical radiculopathy is also noted. The mechanism of injury was a slip and fall. There is no noted loss of consciousness reported. Electrodiagnostic studies have been completed and there is a possible right carpal tunnel syndrome. An orthopedic review of the medical records completed on March 30, 2013 noted the injury to the right shoulder and cervical spine. The initial clinical assessment was a right shoulder sprain and neck sprain. Plain films were obtained and a course of physical therapy was initiated. It is also noted that a cervical epidural steroid injection was suggested, but declined by the employee. It is reported that a permanent and stationary status was reached in November 2011.

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: Upheld

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

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

Decision rationale: The standards for a cervical spine MRI require that there be increased cervical pain with a progressive neurologic deficit, a significant trauma, and multiple neurologic abnormalities. Based on the records presented for review, none of these criteria are present in this clinical situation. This is an individual who had a slip and fall injury years ago, who does not wish to pursue clinical interventions, and who has ongoing complaints of pain with no specific neurologic deficit. Therefore, there is no data presented to suggest that this imaging study is warranted. As such, the request is not medically necessary.