

Case Number:	CM13-0048077		
Date Assigned:	01/15/2014	Date of Injury:	09/02/2010
Decision Date:	04/23/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation 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 patient is a 57 year-old male who sustained an injury on 9/2/10 while employed by [REDACTED]. Request under consideration include MRI of the cervical spine. Report of 8/28/13 from the provider noted patient with left shoulder pain and headaches on scale of 4-7/10. Exam showed left range of motion of flexion at 180 degrees; moderate focal tenderness on left lateral glenohumeral joint; positive open can sign; Exam of the cervical spine showed moderate tenderness over the left C5-7 levels with range; paraspinal spasm; positive Kernig's sign; cervical range is full except for left lateral flexion 40 degrees with slight pain. The patient is taking Norco and continues with home exercise program with therabands. Diagnoses included cervical disc degeneration. Request for MRI of the cervical spine was non-certified on 10/7/13 citing guidelines criteria and lack of medical necessity.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 177-179.

Decision rationale: According to the ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any specific acute change in clinical findings to support this imaging study as the patient is without documented neurological deficits consistent with any dermatomal pattern or motor strength loss. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The request for a MRI of the cervical spine is not medically necessary and appropriate.