

Case Number:	CM13-0051356		
Date Assigned:	12/27/2013	Date of Injury:	02/26/2007
Decision Date:	03/11/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/14/2013

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 Maryland. 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 70-year-old female who reported an injury on 02/26/2007. The mechanism of injury occurred when the patient was helping children and fell and injured multiple body parts including her neck. Review of the medical record reveals the patient's diagnoses is cervical strain with left upper extremity C7 cervical radiculitis with uncovertebral hypertrophic spurring, mild central canal stenosis, and mild bilateral foraminal stenosis at the C3-4 level as per MRI of the cervical spine performed on 05/03/2013 read by radiologist, [REDACTED]. The patient also has diagnoses of lumbar degenerative facet joint disease at L4-S1 with moderate to severe central canal stenosis at L4-5, moderate bilateral foraminal stenosis at L4-5, moderate to severe bilateral foraminal stenosis at L5-S1 level, and right greater than left lower extremity S1 lumbar radiculitis. The recent clinical note dated 09/26/2013 reveals the patient continues to complain of multiple areas of pain. Her complaints of pain include headache and neck pain. She states the pain radiates across her trapezius and shoulders extending into her arms bilaterally with numbness extending into her arms and hands. The objective findings upon physical examination revealed cervical flexion was limited to 45 degrees, left and right lateral bending and left and right rotation are also restricted. Lumbar range of motion, extension causes significant exacerbation of pain. The patient has limited right and left lateral bending range of motion. It is stated the patient has no objective findings of radiculopathy or myelopathy to examination.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Neck & Upper Back-MRI.

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 and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: The California MTUS/ACOEM criteria for ordering imaging studies are emergence of a red flag. Red flags are described as physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines state repeat MRIs are not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. There has been no significant change in the patient's condition and/or complaints and physical examination revealed no physiological evidence of neurologic dysfunction or radiculopathy on the clinical visit dated 09/17/2013. The patient's objective findings correlate with the most recent MRI dated 05/03/2013 and the request for cervical MRI is not medically necessary at this time. As such, the request for MRI of the cervical spine without contrast is non-certified.