

Case Number:	CM13-0051748		
Date Assigned:	04/09/2014	Date of Injury:	05/25/2013
Decision Date:	08/14/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

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 Internal Medicine 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 claimant is a 64 year old male who sustained an industrial injury on 05/25/2013. He fell of a ladder 6-10 feet while installing a ceiling fan. His diagnoses include neck pain, low back pain and left leg pain. On exam there is tenderness in the lumbar spine in the paraspinal area and pain with lateral rotation. There is tenderness with extension and decreased sensation in the left leg. There is pain with cervical range of motion. The treating provider has requested a 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 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.

Decision rationale: There is no indication for a cervical MRI at this time. MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgical intervention. A cervical MRI imaging is the mainstay in the evaluation of myelopathy. In

addition to diagnosing disc herniation, neoplastic or infectious pathology can be visualized. In this case, there is no history of cervical radiculopathy or physical exam evidence of any neurologic abnormalities. The medical necessity for the requested cervical MRI has not been established. The requested service is not medically necessary.