

Case Number:	CM13-0052491		
Date Assigned:	12/27/2013	Date of Injury:	10/08/2009
Decision Date:	02/26/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/28/2013

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 Family Medicine and is licensed to practice in Utah. 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 46 year old with a date of injury on 10/08/2009, fall down the stairs. The patient continues to have neck/scapular area pain and complaints of left upper extremities numbness. Treatments have included and currently include medication, activity modifications, physical therapy, chiropractic adjustments, TENS (Transcutaneous electrical nerve stimulation) units, and acupuncture. The patient had MRI of cervical spine on 01/05/2012, which showed a disc protrusion, and severe stenosis. A Soap note from October of 2013 states that the patient continues to have pain after physical therapy; overall functionally he has been improving with Physical Therapy, exercise and "Stim". The patient has been diagnosed with chronic left C5 radiculopathy and nerve root impingement.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172, 176-180, 184-188.

Decision rationale: It is unclear according to the documents provided why a repeat MRI of the cervical neck is requested. The clinical notes did indicate an increase with pain after physical therapy and exercise. According to the notes provided, it is not clear that the patient's neurological symptoms are progressing, as he did note an improvement in functionality with treatment modalities. Without neurological change, and no indication for surgery at this time, there is no indication for a repeated MRI of the cervical neck. The request is not medically necessary and appropriate.