

Case Number:	CM13-0053968		
Date Assigned:	12/30/2013	Date of Injury:	10/11/2007
Decision Date:	03/11/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/13/2013

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 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 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:

This is a male patient with a date of injury of 10/11/07. A utilization review determination dated 11/1/13 recommends non-certification of a cervical spine MRI attributed to absence of any neurological dysfunction, new onset radiculopathy, or acute red flag conditions. A progress report dated 1/6/13 identifies subjective complaints including increased pain. Objective examination findings identify limited cervical ROM, pain increased with cervical extension and facet loading maneuvers to the right, paravertebral tenderness; Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. Motor strength of grip is 4/5 on right, wrist flexors 4+/5 on right, wrist extensors 4+/5 on right. Light touch sensation decreased over the C5 and C6 on the right. Diagnoses include cervical pain; cervical strain; low back pain; cervical facet syndrome. Treatment plan recommends cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without contrast material: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-178.

Decision rationale: Regarding the request for magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without contrast material, California MTUS cites that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Within the documentation available for review, the request was non-certified by the previous utilization review as there was no documentation of any neurological dysfunction, new onset radiculopathy, or acute red flag conditions. Subsequent documentation has clarified the presence of increased pain, decreased strength of grip, wrist flexors, and wrist extensors, and decreased light touch sensation over the C5 and C6 on the right. In light of the above, the currently requested magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical, without contrast material is medically necessary.