

Case Number:	CM13-0057934		
Date Assigned:	12/30/2013	Date of Injury:	08/14/2013
Decision Date:	08/14/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic Surgery 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 claimant is a 31-year-old gentleman injured on August 14, 2013. The records available for review document psychological trauma due to somatic complaints but no physical injury. The October 17, 2013, progress report describes subjective complaints of low back and neck pain since time of injury. The claimant is reported to also have difficulty sleeping. Specific to the cervical spine, physical examination shows mildly restricted range of motion with extension, negative Spurling's testing and no documentation of neurologic findings. There is no documented motor weakness, sensory change, or reflexive change of the upper extremities. The claimant was diagnosed with a cervical sprain. This request is for an MRI scan to rule out discogenic neck pain.

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 Page(s): 165.

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

Decision rationale: Based on California MTUS ACOEM Guidelines, an MRI scan of the cervical spine would not be indicated. The claimant presents with neck complaints, but the records reflect no evidence of radicular findings on examination. Physical examination is negative for acute, neurologic findings. ACOEM Guidelines state that in the absence of red flags, imaging and other tests are not usually helpful during the first four weeks of neck and upper back symptoms. There is no documentation of conservative measures offered for the neck symptoms. Absent documentation of a radicular process, this request for an MRI scan for the claimant's non-traumatic injury would not be supported. Therefore, the request for an MRI of the cervical spine is not medically necessary.