

Case Number:	CM13-0058124		
Date Assigned:	12/30/2013	Date of Injury:	06/08/2013
Decision Date:	04/04/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/26/2013

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 Illinois. 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 52-year-old male who reported injury on 6/8/13. The patient was thrown off a horse he was riding when his foot became stuck in the stirrup and the patient struck his elbow against the fence. Recent documentation indicated the patient had chronic cervical radicular pain. Patient had continuous pain in the neck with pain radiating to the shoulders arms and hands. The patient had numbness and tingling in the left hand. The examination of the cervical spine revealed the patient had tenderness bilaterally in levator scapula. The muscle strength was 4/5 on the left side at C5 and C6. The Spurling's test was positive on the left side. The patient had decreased range of motion of the cervical spine. The diagnosis was noted to be sprains and strains of the neck.

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: Overturned

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): 177-179.

Decision rationale: ACOEM Guidelines indicate that the criteria for ordering imaging studies include physiologic evidence of tissue insult or neurologic dysfunction. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Clinical documentation submitted for review indicated the patient had neurologic dysfunction as the patient had decreased muscle strength and a positive Spurling's test. Given the above, the request for an MRI of the cervical spine is medically necessary.