

Case Number:	CM13-0058205		
Date Assigned:	01/10/2014	Date of Injury:	04/25/2013
Decision Date:	04/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 patient is a 30-year-old female who reported an injury on 04/25/2013. The mechanism of injury was not stated. The patient is currently diagnosed with cervical strain/sprain, unspecified acute reaction to stress, spasm of the muscle, adverse effects of skeletal muscle relaxants, and urinary tract infection unspecified. The patient was recently seen by [REDACTED] on 10/11/2013. The patient was not taking prescribed medications due to perceived improvement and lack of need. The patient was currently working full duty. The patient does report several headaches per week; however, utilizes a traction unit for treatment. Physical examinations on that date revealed normal ambulation, paraspinal muscle tenderness, trigger points, and decreased cervical range of motion. Treatment recommendations at this time included an MRI of the cervical spine and a pneumatic cervical traction unit.

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): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause. As per the documentation submitted, the patient's physical examination of the cervical spine only revealed paraspinal muscle tenderness with trigger points and decreased range of motion. There was no objective evidence of a neurological deficit. The patient reports improved symptoms with the lack of need for medications. Although the patient does report several headaches per week, there is no evidence of a progression of symptoms or physical exam findings that would warrant the need for an imaging study at this time. Although it was noted by the attending provider that the patient has occasional paresthesia to the hands, there was no objective evidence of a neurological deficit. The request for a MRI of the cervical spine is not medically necessary and appropriate.