

Case Number:	CM13-0059756		
Date Assigned:	03/31/2014	Date of Injury:	09/01/2011
Decision Date:	05/12/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 reported a date of injury of 09/01/2011 and 08/01/2013. According to the progress report dated 10/22/2013, the patient complains of constant chronic pain in his neck described as sharp and achy which radiates into the mid-back and left shoulder. The physical examination shows there is no loss of normal cervical lordosis. There is no tenderness to palpation of the paraspinal musculature. Spurling's test and Adson's test are both negative bilaterally. The treater is requesting an MRI of the cervical spine.

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 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints.

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

Decision rationale: This patient presents with chronic neck pain. The physician is requesting an MRI of the cervical spine. The ACOEM Guidelines page 177 and 178 has the following criteria

for ordering imaging studies: 1) Emergence of a red flag, 2) physiologic evidence of tissue insult or neurologic dysfunction, 3) failure to progress in a strengthening program intended to avoid surgery, and 4) clarification of the anatomy prior to invasive procedure. In addition, ODG states, "MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery." Review of over 100 pages of records do not show any recent or prior MRI of the cervical spine. However, the patient's examination does not show any motor or sensory issues and the patient does not present with any radicular symptoms to be concerned about nerve injury. The physician does not discuss any red flag issues either. Recommendation is for denial.