

Case Number:	CM13-0060356		
Date Assigned:	05/12/2014	Date of Injury:	12/02/2011
Decision Date:	07/30/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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 Pennsylvania. 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 50-year-old female who sustained injuries to the neck and low back on December 2, 2011. The clinical records available for review included a February 19, 2014, progress report documenting continued neck and mid-back pain. The pain is described as chronic in nature, despite conservative care with medications, work restrictions, activity modifications and chiropractic care. A physical examination showed restricted cervical range of motion at end points. The records contained no documentation of motor sensory reflexive deficit or prior cervical imaging. The claimant was diagnosed with a cervical strain. This request is for a cervical MRI scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-178.

Decision rationale: Based on California MTUS ACOEM Guidelines, a cervical MRI scan would not be supported in this case. The ACOEM Guidelines recommend imaging in the

presence of physiologic evidence of tissue insult or neurologic dysfunction or failure to progress in a strengthening program intended to avoid surgery. While the reviewed records indicate chronic complaints of pain, the claimant's physical examination findings do not demonstrate any degree of neurologic pathology, and there is no documentation of acute motor sensory or reflexive change to the upper or lower extremities. Absent documentation of prior imaging or physical examination finding demonstrating an acute change in claimant's clinical presentation, an MRI scan of the cervical spine would not be supported as medically necessary.