

Case Number:	CM13-0061902		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2011
Decision Date:	04/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/05/2013

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 Family Practice 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 39-year-old male who reported an injury on August 01, 2013 due to cumulative trauma while performing normal job duties. The patient's treatment history included physical therapy, home exercise program, lumbar epidural steroid injections, and multiple medications. The patient's most recent clinical evaluation documented the patient had positive tenderness to palpation of the left-sided musculature of the thoracic spine with limited range of motion and decreased sensation in the L3-S1 dermatomes. The patient's diagnoses included possible lumbar radiculopathy, grade I spondylolisthesis, multilevel disc protrusions of the lumbar spine, and left sacroiliac joint dysfunction. A request was made for 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 8 Neck and Upper Back Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommends imaging studies for patients who have evidence of neurological deficits upon

physical examination. The clinical documentation submitted for review failed to provide any evidence of neurological deficits related to the cervical spine that would support the need for an imaging study. As such, the requested MRI of the cervical spine is not medically necessary or appropriate.