

Case Number:	CM13-0065664		
Date Assigned:	01/17/2014	Date of Injury:	04/02/2013
Decision Date:	06/09/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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 General Surgery, and is licensed to practice in Texas. 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:

This is a 57 year old female claimant with complaints of chronic neck pain. There is an industrial injury on 4/2/13, the biomechanics of which are not discussed. There were complaints of numbness and forearm tightness but no frank objective neurologic deficits were documented. There has been cervical spine radiographs on 4/24/13 which revealed spondylosis without significant neuroforaminal narrowing at C4-6. A primary treating physician's progress report dated 7/18/13 documents normal motor sensory and reflex findings. The request was 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 CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Online Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The requested MRI of the cervical spine was not medically necessary. The primary treating physician's progress reports of 5/1/2012 and 7/18/13 both clearly document

normal neurologic examination with normal motor, normal sensory, and normal reflexes such that magnetic resonance imaging is not necessary. The request is not in keeping with ACOEM and ODG recommendations regarding imaging. The request is not medically necessary and appropriate.