

Case Number:	CM13-0068414		
Date Assigned:	01/03/2014	Date of Injury:	02/27/2012
Decision Date:	04/28/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/19/2013

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 and Rehabilitation, has a subspecialty in Sports Medicine 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:

The patient is a 44-year-old female who reported an injury on 02/27/2012. The mechanism of injury was a motor vehicle accident. She was subsequently reinjured when a client pulled her hair, and then again while having to hand crank a bus lift several times. Her initial treatment included NSAIDs, topical analgesics, and physical therapy. The patient has also received intramuscular injections and Toradol injections, and was instructed to continue with a home exercise program. The patient was noted to be at maximum medical improvement in 07/2013, and was awarded an 8% whole person impairment. Despite continued use of medications and encouragement to perform a home exercise program, the patient continues to complain of neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICO- THORACIC SPINE WITHOUT CONTRAST: 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), Neck & Upper Back.

MAXIMUS 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), Neck & Upper Back.

Decision rationale: The California MTUS/ACOEM Guidelines recommend obtaining MRIs if there is clinical evidence of tissue insult or nerve impairment. The clinical information submitted for review indicated that the patient may have previously received a cervical MRI in 06/2012; however, this study was not provided for review. As the California MTUS/ACOEM Guidelines do not specifically address repeat MRIs and the clinical information submitted for review was not clear regarding a previous imaging study, the Official Disability Guidelines were also supplemented. ODG does not recommend repeat imaging studies be performed unless there has been a significant change in symptoms and/or findings suggestive of a significant pathology. Nonetheless, the most recent clinical notes dated 09/10/2013 did not reveal any neurologic involvement; there was a negative Spurling's test and axial loading, 5/5 muscle strength to the bilateral upper extremities, 2/4 deep tendon reflexes, and the patient was noted to be neurovascularly intact. As the patient has no neurological symptoms, it is unnecessary to obtain an MRI at this time. As such, the request for magnetic resonance imaging (MRI) of cervicothoracic spine without contrast is non-certified.