

Case Number:	CM13-0070381		
Date Assigned:	01/03/2014	Date of Injury:	06/08/2000
Decision Date:	04/24/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 43-year-old female patient with a reported work related injury on 06/08/2000. The mechanism of injury was not provided. On an office visit dated 08/08/2013, the patient presented reporting generalized pain and described it as sharp, dull, throbbing, burning, aching, and pins and needles. Pain was exacerbated by walking, bending, and lifting. The patient reported the pain decreased with use of medication. CT of the cervical spine on 01/25/2012 revealed straightening of the cervical alignment correlating clinically with posttraumatic ongoing muscle spasm and advanced anterior C1 bony ring; odontoid process joint space deteriorative changes with superior odontoid process and anterior bony ring of C1 bony spurring and anterior C1 bony ring to odontoid process joint space narrowing and slight C5-6 wide based disc bulging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG TWC 2013 Neck and Upper Back

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

Decision rationale: The ACOEM Guidelines state, "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue,...). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms." The documentation submitted for review failed to provide objective clinical findings of cervical spine radiculopathy. The ACOEM Guidelines do support MRIs for determining tissue insult or nerve impairment. Given that the documentation submitted for review failed to provide clinical objective findings to support the request and functional deficits, the request is not medically necessary and appropriate.