

Case Number:	CM13-0071076		
Date Assigned:	01/08/2014	Date of Injury:	12/22/2011
Decision Date:	04/28/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 & Rehabilitation 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 60-year-old male who reported an injury on 12/22/2011. The mechanism of injury involved a fall. The patient is diagnosed with bilateral cervical myalgia, bilateral cervical myospasm, bilateral disc herniation with myelopathy, and bilateral degenerative joint disease/degenerative disc disease in the cervical spine. The patient was seen by [REDACTED] on 11/12/2013. The patient reported neck pain with radiation to the bilateral upper extremities. Physical examination was not provided on that date. Treatment recommendations included a cervical spine MRI as well as cervical spine x-rays.

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 Page(s): 177-178.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause. There was no

physical examination provided on the requesting date of 11/12/2013. Therefore, there is no evidence of a significant change in the patient's symptoms or physical examination findings. There is no documentation of a significant musculoskeletal or neurological deficit. The patient underwent an MRI of the cervical spine on 10/05/2012. The medical necessity for an additional imaging study has not been established. Therefore, the request is non-certified.

AN X-RAY OF THE CERVICAL SPINE WITH FOUR VIEWS: Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. There was no physical examination provided on the requesting date of 11/12/2013. Therefore, there is no documentation of a significant musculoskeletal or neurological deficit. There is no indication of a progression of symptoms or physical examination findings. There is also no mention of an exhaustion of conservative treatment prior to the request for an x-ray. Based on the clinical information received, the request is non-certified.