

Case Number:	CM14-0002326		
Date Assigned:	01/24/2014	Date of Injury:	11/02/2006
Decision Date:	06/06/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 injured worker is a 44 year old male who reported an injury on 11/02/2006 secondary to unknown mechanism of injury. The diagnoses included radicular pain and cervical, thoracic and lumbar spine herniated nucleus pulposus. The injured worker was evaluated on 12/04/2013 for a follow up exam. The exam noted the spine was normal, non-tender, and demonstrated normal range of motion with no spasm or tenderness. The neurological exam noted normal grips, no motor/sensory deficit, normal coordination and reflexes. The treatment plan included continued medication therapy. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING CERVICAL SPINE WITHOUT CONTRAST:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

Decision rationale: The California MTUS/ACOEM Guidelines state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve

symptoms. The criteria for ordering imaging studies are: an emergence of a red flag or physiologic evidence of tissue insult or neurologic dysfunction. The exam noted a normal neurological and physical exam. There is no evidence in the documentation provided of tissue insult or neurologic dysfunction. There is also no evidence of an emergence of a red flag. Therefore, based on guidelines the request is not medically necessary.