

Case Number:	CM14-0003996		
Date Assigned:	06/11/2014	Date of Injury:	07/30/1999
Decision Date:	07/14/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 Minnesota. 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 69 year old male who reported an injury on 07/30/1999 due to a fall. On 11/07/2013 he reported a constant 7-8/10 pain over his neck and back. A physical examination revealed spasm and tenderness across his neck and spasm and tenderness across the upper and middle back, buttocks and sacroiliac joints. An MRI performed on 01/03/2014 revealed C6-7 disc bulging measuring 2mm and osteophytic riding at C3-4 throughout C6-7 with foraminal narrowing. Diagnoses included cervical strain, lumbosacral strain, fractured right wrist, strained right knee, and plantar fasciitis in the right foot. Medications included Tramadol, Percocet 10/325, Prevacid 500mg, ranitidine 150mg and tamsulosin 0.4mg. The treatment plan was for an MRI of the cervical spine. The request for authorization form was provided and signed on 12/20/2013.

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.

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

Decision rationale: The request for an MRI of the cervical spine is non-certified. For most, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. ACOEM Guidelines states that criteria for ordering imaging studies are physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The documentation provided does not state that the injured worker is to undergo an invasive procedure, or took place in a strengthening program. There is a lack of evidence of neurologic dysfunction to warrant the need of an MRI of the cervical spine. Given the above, the request is not medically necessary.