

Case Number:	CM14-0008243		
Date Assigned:	05/02/2014	Date of Injury:	10/31/1994
Decision Date:	06/13/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/30/2013

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 Orthopedic Surgery 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 an 82 year old male whose date of injury is reported as 10/31/1994. The utilization review in question is from November 2013. The requested MRI of the cervical spine was denied on the basis of a lack of neurologic or radicular findings. The prior review notes there was no documentation of radiation into the upper extremities, numbness, tingling, paresthesias, or weakness. A previous MRI of the neck is documented as having been performed prior to June 2004 and demonstrated multilevel degenerative disc changes. The clinical documentation from November 2013 indicates diminished cervical range of motion, but there are no subjective complaints or objective findings consistent with nerve root involvement. Subsequent clinical documents do not indicate any subjective complaints or objective findings consistent with radiculopathy or nerve root compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE CERVICAL SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CERVICAL AND THORACIC SPINE DISORDERS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004)
, CERVICAL AND THORACIC SPINE DISORDERS,

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) supports the use of cervical MRI for subacute and chronic radicular pain symptoms. Based on the clinical documentation provided, there is diminished cervical range of motion and complaints of pain, but no subjective complaints of radiculopathy or objective findings consistent with nerve root compression. As such, the requested imaging study is considered not medically necessary.