

Case Number:	CM14-0008578		
Date Assigned:	02/12/2014	Date of Injury:	01/22/2008
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/22/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 50-year-old male, who was injured on January 22, 2008. The mechanism of injury is not specified. The December 17, 2013 progress note indicates that the injured worker returns with complaints of increasing neck pain and occasional occipital headaches that is not associated with any "severe radicular pain, but he does note some unusual discomfort." The clinician indicates that there is no numbness or tingling, but there is pain with range of motion of the cervical spine. The physical examination documents that cervical range of motion with tenderness and spasm of the cervical musculature. The neurologic exam documents no sensory changes in the upper extremities or loss of strength in the upper extremities. The utilization review in question was rendered on January 9, 2014. The reviewer non-certified the request for an MRI of the cervical spine without contrast. The reviewer indicated that there was no evidence of neurological or radicular findings on the upper extremity are cervical spine exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) NECK SPINE W/0 DYE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

Decision rationale: The MTUS/ACOEM Guidelines do not support the use of an MRI in the management of chronic or acute neck pain, when there are no associated neurologic symptoms. The medical records provided for review indicate that the injured worker had complaints of increasing neck pain, and occasional headaches, but they were not associated with any severe radicular pain. The neurologic exam documents no sensory changes in the upper extremities or loss of strength in the upper extremities. As such, the request is considered not medically necessary.