

Case Number:	CM14-0013374		
Date Assigned:	02/26/2014	Date of Injury:	01/25/2007
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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 59 year old woman who had a work-related injury dated 1/25/07 resulting in chronic neck and low back pain. She was evaluated by the primary treating physician on 1/13/14. The injured worker continues to have pain in the neck and low back. The exam shows tenderness to palpation of bilateral upper trapezius, paravertebral muscle guarding and spasm, with paravertebral tenderness to palpation. The diagnosis include Lumbo-sacral disc disease with varying degrees of neuroforaminal stenosis. The treating physician requested an MRI of the cervical spine. The MRI was denied during utilization review as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166-194.

Decision rationale: According to the ACOEM criteria for ordering an MRI for cervical or pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Such information can be obtained by an EMG or NCS. In this case the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. There is no surgical intervention planned and the injured worker is not participating in a strengthening program. An MRI of the cervical spine is not medically necessary.