

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0019283 | | |
| Date Assigned: | 04/21/2014 | Date of Injury: | 12/04/2011 |
| Decision Date: | 07/02/2014 | UR Denial Date: | 01/30/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

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 & 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 53 year old female with a reported injury date on 12/04/2011; the mechanism of injury was not provided. The clinical note dated 12/18/2013 noted that the injured worker had complaints that included 8/10 pain to the neck that radiated to the bilateral upper extremities with numbness and tingling in the bilateral wrist and hands. Objective findings included spasms to the cervical spine bilaterally, tenderness to the trapezius musculature bilaterally. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR 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 not medically necessary. It was noted that the injured worker had complaints that included 8/10 pain to the neck that radiated to the bilateral upper extremities with numbness and tingling in the bilateral wrist and hands. Objective findings included spasms to the cervical spine bilaterally and tenderness to the

trapezius musculature bilaterally. ACOEM guidelines state that imaging studies can be ordered if there is an emergence of a significant change in symptoms, evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and/or need for clarification of the anatomy prior to an invasive procedure. The medical necessity for an MRI has not been established. There is a lack of documented significant symptomatology to suggest that an MRI would be necessary or beneficial. Additionally, there is a lack of documentation that the injured worker has attempted conservative care. As such, this request is not medically necessary.