

Case Number:	CM14-0116143		
Date Assigned:	08/06/2014	Date of Injury:	06/17/2014
Decision Date:	09/12/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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 Texas. 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 51-year-old male who sustained an injury on 06/17/14 due to cumulative trauma to the neck and spine. The injured worker was initially seen on 06/30/14 reporting complaints of neck pain radiating to the upper extremities and low back pain radiating to the lower extremities. On physical examination, range of motion was decreased in the cervical spine. Foraminal compression signs and Jackson testing were positive. The injured worker was recommended for chiropractic therapy at this visit. Follow up on 07/03/14 noted continuing complaints of neck pain and back pain radiating to the left upper extremity and left lower extremity. The injured worker reported no improvement with anti-inflammatory medication or exercises. On physical examination the injured worker had tenderness to palpation in the midline at T-12. Straight leg raise testing was negative. There was no evidence of any neurological deficit on physical examination. Radiographs of the cervical spine from 07/03/14 noted mild degenerative disc disease in the cervical spine. No fractures or acute trauma was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: In regards to the request for a magnetic resonance image (MRI) of the cervical spine, the clinical documentation submitted for review did not identify any pertinent red flag findings or progressive neurological deficits on physical examination that would warrant advanced imaging studies. As of 07/14, the injured worker had not undergone a reasonable course of conservative treatment including physical therapy and medication management. Given the lack of any clear evidence of neurological deficit this reviewer would not have recommended this request as medically necessary.