

Case Number:	CM14-0118332		
Date Assigned:	08/06/2014	Date of Injury:	09/30/2010
Decision Date:	10/02/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/28/2014

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 Nevada. 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 records, presented for review, indicate that this 56 year-old individual was reportedly injured on 9/30/2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 7/2/2014, indicated that there were ongoing complaints of chronic neck and low back, left knee, right knee, and bilateral shoulders and wrist pains. No physical examination was performed on the date of service. The physical exam from 6/6/2014 was utilized. It revealed positive tenderness and spasm over the cervical spine with noted normal range of motion accompanied with pain in all directions. Decreased range of motion of the lumbar spine was noted. The patient had an antalgic gait. There was also tenderness over the left knee more than the right knee and remained with no significant swelling. Diagnostic imaging studies included an MRI of the cervical spine dated 6/19/2014, which revealed 1 mm to 2 mm disc protrusion at C3, C4, C5, C6, and C7. There was also foraminal stenosis bilaterally at C3-C4 and C5-C6 with abutment of the cord and several nerve roots. Previous treatment included medications and conservative treatment. A request had been made for MRI of the cervical spine and was not certified in the pre-authorization process on 6/27/2014.

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. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically sited).

Decision rationale: ACOEM practice guidelines support an MRI of the cervical spine for patients with sub-acute or chronic radicular pain syndromes lasting at least 4 to 6 weeks and in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review, of the available medical records, revealed no findings of radiculopathy on physical exam. As such, the request is not considered medically necessary.