

Case Number:	CM14-0122446		
Date Assigned:	09/22/2014	Date of Injury:	03/13/2003
Decision Date:	11/18/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	08/04/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 70-year-old female with an injury date of 03/13/2003. According to the 06/03/2014 progress report, the patient has a cervical disk protrusion and neck pain. Range of motion is restricted and neck movements are painful. Upon examination of the paravertebral muscles, spasm, tenderness, and tight muscle band are noted on the right side. Spurling's maneuver causes pain in the muscles of the neck as well. The 05/06/2014 report also states that the patient has cervical spine pain with pain distally to the bilateral arm causing numbness and tingling sensation. The patient also complains of back pain which is located in the cervical spine. The cervical spine radiates to both shoulders and is associated with neck and joint pain, joint swelling, strain, and weakness. The patient was diagnosed cervical disk protrusion. The utilization review determination being challenged is dated 06/24/2014. Treatment reports were provided from 09/25/2013 - 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Cervical Spine without Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,178.

Decision rationale: According to the 06/03/2014 progress report, the patient complains of having neck pain. The request is for an MRI of the cervical spine without contrast, "as the patient continues to be symptomatic." There is no documentation of any MRI's the patient may have had. ACOEM Guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. The patient has had cervical spine pain since 12/17/2013 with persistent arm symptoms. Given that the patient has not had an MRI in the past, the request appears reasonable. Radicular pains are neurologic symptoms. The request is medically necessary and appropriate.