

Case Number:	CM14-0129068		
Date Assigned:	08/18/2014	Date of Injury:	09/11/2001
Decision Date:	09/15/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/13/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 61-year-old female was reportedly injured on September 11, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 20, 2014, indicates that there are ongoing complaints of headaches, neck pain, and back pain. No physical examination was performed on this date. A physical examination dated February 3, 2014, revealed tenderness of the right trapezius and shoulder and decreased right shoulder motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for an MRI the cervical spine and was not certified in the pre-authorization process on July 29, 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 with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), Neck and upper back complaints.

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: The ACOEM Treatment Guidelines support and MRI of the cervical spine for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks 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. A review of the available medical records does not indicate a complaint of radicular symptoms nor are there any radicular findings on physical examination. For this reason the request for an MRI the cervical spine with or without contrast is not medically necessary.