

Case Number:	CM14-0133144		
Date Assigned:	08/22/2014	Date of Injury:	10/20/2011
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 50-year-old male who reported an injury 10/20/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 07/21/2014 indicated diagnoses of cervical spine herniated nucleus pulposus. The injured worker continued to report consistent sharp achy pain in his neck. The injured worker reported the pain was aggravated by normal activities of daily living. The injured worker rated the severity of his neck pain a 6 without medication or therapy. The injured worker reported his neck pain was reduced to 5 with the medications only. On physical examination of the cervical spine, there was tenderness to palpation with muscular spasms over the paraspinal musculature with decreased range of motion with pain and the cervical compression test was positive bilaterally. The injured worker's treatment plan included the authorization for MRI and return to office in 4 to 6 weeks. The injured worker's prior treatments included physical therapy and medication management. The injured worker's medication regimen included Norco and Flexeril. The provider submitted a request for cervical spine MRI. A Request for Authorization was not submitted for review to include the date the treatment was requested.

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): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for MRI Cervical Spine is not medically necessary. The CA MTUS/ACOEM guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue. There is a lack of objective findings or physiological evidence indicating specific nerve compromise per neurological examination to warrant imaging. Therefore, the request for MRI Cervical Spine is not medically necessary.