

Case Number:	CM14-0150267		
Date Assigned:	09/18/2014	Date of Injury:	10/18/2007
Decision Date:	10/17/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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:

Medical records reflect the claimant who is a 68 year old male who sustained a work injury on 10-18-07. Medical Records indicated that the claimant is status post cervical fusion and rotator cuff repair and revision. The claimant is currently being treated with medications. Office visit on 8-6-14 notes the claimant has pain rated as 8/10. On exam, the claimant has normal reflexes, sensory and power testing of bilateral upper and lower extremity. The claimant had decreased range of motion of the cervical spine and tenderness at the cervical spine. X-rays dated 8-6-14 shows the fusion as stable.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld

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

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 - clinical measures, diagnostic investigations MRI

Decision rationale: ACOEM notes that MRI of the cervical spine is recommended MRI is recommended for patients with: Acute cervical pain with progressive neurologic deficit; significant trauma with no improvement in significantly painful or debilitating symptoms, a history of neoplasia (cancer), multiple neurological abnormalities that span more than one neurological root level, previous neck surgery with increasing neurologic symptoms. Radiographs show that this claimant's fusion is stable. There is an absence of neurological deficits. He has no sensory, motor or loss of DTR. Therefore, the medical necessity of this request is not established.