

Case Number:	CM14-0153559		
Date Assigned:	09/23/2014	Date of Injury:	07/09/2012
Decision Date:	12/03/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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 Geriatrics and is licensed to practice in New York. 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 a 64 year old man with a date of injury of 7/9/12. He was seen by an orthopaedic consultant on 7/14/14 with complaints of pain across the cervical and lumbar spine. His cervical spine exam showed restricted range of motion with pain across the right paracervical trapezial ridge which was relieved with traction and increased with axial compression. He had generalized upper extremity discomfort with radiation of pain into his arms but he reported that it 'does not seem to follow any particular pattern'. He had normal, symmetric 5/5 upper extremity strength. His diagnoses were lumbar spine sprain/strain with disc bulges at L3-4 and L5-S1, cervical spine strain/sprain and cervical radiculopathy. He had MRI findings of 5-6mm disc bulge at C3-4, 4mm disc bulge at C4-5 and C5-6 and 3mm disc bulge at C6-7 from an MRI in 11/12. At issue in this review is the request for a repeat MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the cervical spine. The records document a physical exam with pain with range of motion and normal, symmetric upper extremity strength. There are no red flags or indications for immediate referral or imaging. Given, the prior MRI of 2012 and the absence of physical exam evidence of red flags, the medical necessity of a repeat MRI of the cervical spine is not substantiated. Therefore the request is not medically necessary.