

Case Number:	CM14-0021859		
Date Assigned:	05/09/2014	Date of Injury:	03/19/2013
Decision Date:	07/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/21/2014

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 Occupational Medicine 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:

This is a 29-year-old male with a 3/19/13 date of injury. A 30 pound tire fell from a rack in the warehouse, striking him on the head. In a 1/16/14 progress note, the patient complained of increasing neck pain. The physical examinations were significant for tenderness and spasm of the cervical paraspinals, cervical range of motion of 85% in a 1/16/14 note and 90% in a 1/21/14 progress note, and intact motor, sensory, and reflex functions of the upper extremity. The progress notes from 1/16/14 and 1/21/14 are handwritten and difficult to read. Diagnostic impression: cervical and thoracic myofascial sprains. Treatment to date: medication management, activity modification, surgery, physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE NECK SPINE WITHOUT DYE: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. There is no documentation that the patient has failed conservative therapy. In addition, in a 6/20/13 progress note, physical therapy had provided temporary benefit. There was no objective evidence of neurological compromise that would warrant a cervical MRI. Furthermore, the progress notes from 1/16/14 and 1/21/14 were handwritten and illegible. Therefore, the request for MRI of the neck spine without dye was not medically necessary.