

Case Number:	CM14-0022916		
Date Assigned:	05/14/2014	Date of Injury:	07/02/2013
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Nevada. 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 33-year-old female who sustained an alleged injury to her neck on 07/02/13213 when she fell from a ladder at work. The doctor's first report of injury or illness dated 07/03/13 did not indicate any cervical complaints. The injured worker presented primarily with right shoulder and back as the affected body parts. The injured worker's complaints have historically been thoracic and lumbosacral-related. There was no information provided for review that would indicate any recent cervical spine pathology. There was no indication of a new acute injury or exacerbation of previous symptoms. There was no indication that a surgical intervention involving the cervical spine is anticipated.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI).

Decision rationale: The previous request was denied on the basis that there was no report of any related cervical spine complaints on physical examination and there was no physical examination of the cervical spine. An attempt to contact the requesting provider was unsuccessful. There was no additional rationale that would warrant a MRI of the cervical spine, as there was no pathology in the clinical notes provided. Given the clinical documentation submitted for review, medical necessity request for MRI of the cervical spine has not been established. The request for magnetic resonance imaging (MRI) of the cervical spine is not medically necessary.