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| Case Number: | CM14-0024855 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 09/29/2013 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 02/27/2014 |

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. 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:

According to the records made available for review, this is a 56-year-old male with a 9/29/13 date of injury. At the time of request for authorization for MRI cervical spine, there is documentation of chronic neck pain with movement and tenderness to palpation over the cervical paraspinal muscles. X-rays of the cervical spine report revealed severe degenerative osteoarthritis. The patient's current diagnosis is cervical spine strain. The treatment to date includes medications, activity modification, chiropractic therapy, and physical therapy. There is no documentation of red flag diagnoses where plain film radiographs are negative; physiologic evidence (in the form of definitive neurologic findings on physical examination) of tissue insult or neurologic dysfunction; or diagnosis of nerve root compromise, based on clear history and physical examination findings.

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): Table 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of a diagnosis of cervical spine strain. In addition, there is documentation of failure of conservative treatment. However, given documentation of a diagnosis of cervical spine sprain and cervical plain films identifying severe degenerative osteoarthritis, there is no documentation of red flag diagnoses where plain film radiographs are negative. In addition, despite documentation of subjective (chronic neck pain with movement) and objective (tenderness to palpation over the cervical paraspinal muscles) findings, there is no documentation of physiologic evidence (in the form of definitive neurologic findings on physical examination) of tissue insult or neurologic dysfunction; or diagnosis of nerve root compromise, based on clear history and physical examination findings. Therefore, based on guidelines and a review of the evidence, the request for MRI cervical spine is not medically necessary.