

Case Number:	CM14-0025270		
Date Assigned:	06/13/2014	Date of Injury:	09/03/2013
Decision Date:	07/15/2014	UR Denial Date:	01/23/2014
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 Physical Medicine and Rehabilitation Pain Medicine 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:

The injured worker is a 45 year old female who reported an injury to her neck and low back following motor vehicle accident. The clinical note dated 09/09/13 indicated a separate vehicle had taken an illegal turn and struck the bus she was riding in. The injured worker reported immediate low back pain rated 4-7/10. The injured worker also reported neck pain with movements. The clinical note dated 01/17/14 indicated the injured worker continuing with complaints of neck pain and low back pain. The injured worker underwent six physical therapy sessions and seven acupuncture treatments. The injured worker stated the pain was worsened with lifting objects. Upon exam the injured worker demonstrated full range of motion throughout the cervical spine and lumbar spine. Tenderness was identified in the lumbar paraspinal musculature. The Utilization Review dated 01/23/14 resulted in denials for MRI of the cervical spine and lumbar spine. No information was submitted regarding progressive neurological deficits associated with cervical complaints. No progressive neurological deficits were identified as a result of the lumbar complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING OF THE CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The clinical documentation indicates the injured worker complaining of neck pain and low back pain. An MRI of the cervical spine is indicated for injured workers with neurological deficits in the appropriate distributions. No information was submitted regarding neurological deficits in any extremities. The injured worker continues with cervical spine and lumbar spine complaints. However, given that no neurological deficits had been identified in any of the extremities, this request is not indicated as medically necessary.

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The clinical documentation indicates the injured worker complaining of neck pain and low back pain. An MRI of the lumbar spine is indicated for injured workers with neurological deficits in the appropriate distributions. No information was submitted regarding neurological deficits in any extremities. The injured worker continues with cervical spine and lumbar spine complaints. However, given that no neurological deficits had been identified in any of the extremities, this request is not indicated as medically necessary.