

Case Number:	CM14-0026303		
Date Assigned:	06/13/2014	Date of Injury:	10/03/1991
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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, 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:

The patient is a 69-year-old with an injury date of October 3, 1991. Based on the January 18, 2014 progress report provided by [REDACTED], the patient complains of pain in his interscapular area, shoulders, hips, and bilateral lower extremities. There are no physical examination studies provided. The patient is diagnosed with lumbar pain. [REDACTED] is requesting for 1 MRI of the cervical spine without contrast as an outpatient. The utilization review determination being challenged is dated February 23, 2014. [REDACTED] is the requesting provider and provided three brief treatment reports from May 1 and December 18, 2013, and January 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MRI OF THE CERVICAL SPINE WITHOUT CONTRAST AS AN OUTPATIENT:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter.

Decision rationale: According to the January 18, 2014 report by [REDACTED], the patient complains of pain in his interscapular area, shoulders, hips, and bilateral lower extremities. The request is for 1 MRI of the cervical spine without contrast as an outpatient. Provided reports do not show that this patient has had an MRI before. Regarding the neck and upper back, ODG guidelines provides guidance for MRI's. For chronic neck and upper back pain with neurologic signs and symptoms, MRI is recommended. In this request, although the 01/18/14 progress report states that the patient has pain in his interscapular area and shoulders, there is no indication of pain radiation. The request for one MRI of the cervical spine without contrast as an outpatient is not medically necessary or appropriate.