

Case Number:	CM14-0029085		
Date Assigned:	06/20/2014	Date of Injury:	10/29/2013
Decision Date:	07/17/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/05/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas & Ohio. 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 39-year-old male with a reported date of injury on 10/29/2013. The mechanism of injury was reported as a trip and fall down 6 to 7 feet. The injured worker presented with low back pain. Upon physical examination, the lumbar spine revealed flexion to 54 degrees, extension to 5 degrees and tenderness on L4 through S1. The cervical spine MRI dated 01/10/2014 revealed cervicothoracic strain with minimal to mild multilevel cervical disc disease with a 1.5 mm disc protrusion at C3-4. The injured worker's cervical spine range of motion revealed flexion to 39 degrees, extension to 30 degrees, tilt to 40 degrees and rotation to 70 degrees. According to the clinical note dated 04/30/2014, the injured worker returned to work and was performing regular duty. Previous physical therapy and conservative care was not provided within the documentation available for review. The request for authorization for retro MRI cervical spine 72141 was submitted on 03/07/2014. The rationale for the request was not provided within the clinical information available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO MRI CERVICAL SPINE 72141: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Guidelines recommend the criteria for ordering imaging studies are emergence of a red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. When the neurological examination is less clear; however, further physiological evidence of nerve dysfunction can be obtained before ordering an imaging study. When physiological evidence indicates tissue insult or nerve impairment, consider discussion with a consultant regarding next steps, including the selection of imaging test to define a potential cause. The clinical information provided for review lacks documentation related to decreased reflexes, decreased strength or decreased sensation to include the specific dermatomes involved. There is lack of documentation related to whether or not the injured worker had positive Spurling's test. There is a lack of documentation related to EMG or nerve conduction studies. In addition, the clinical note dated 04/30/2014 states that the injured worker has returned to work at full duty. The rationale for the request is not provided within the documentation available for review. Therefore, the request for retro MRI cervical spine 72141 is not medically necessary and appropriate.