

Case Number:	CM14-0029449		
Date Assigned:	06/20/2014	Date of Injury:	01/17/2013
Decision Date:	07/17/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/07/2014

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 General Surgery 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 78 year old female who sustained an industrial related injury on 1/17/2013 when she reached back and fell on her back. Subsequent to the injury, complaints of headache and pains in the low back and neck are documented. The claimant had conservative care with a treating physician. The claimant has also been afforded acupuncture. The injured was then referred to another treating physician for Pain Management. There are multiple office notes and progress reports available for review. Progress reports reveal there are no neurologic deficits attributable to the cervical spine beginning with an exam on 12/10/2013 and this remains consistent with notes dated 1/15, 2/17, 3/19, 4/14, 5/12, and 6/11/2014 physical exams. There are no cervical "red flags" noted on the exam of 7/17, 9/9 and 10/15/2013. There has been a request for a cervical magnetic resonance imaging (MRI) predicated on subjective complaints of headache and neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI for diagnostic and further treatment purposes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 117-118, TABLE 8-4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic.

Decision rationale: Throughout the multiple examinations by two independent physicians, there has not been any neurologic deficits, loss of motor/sensation or deep tendon reflex to warrant cervical MRI. The request for cervical MRI is not in keeping with ACOEM or ODG recommendations and not medically necessary.