

Case Number:	CM14-0030600		
Date Assigned:	06/20/2014	Date of Injury:	10/08/2013
Decision Date:	07/17/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/11/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55-year-old man who sustained a work-related injury on October 8, 2013. Subsequently, the patient developed neck and low back pain. According to the medical evaluation on February 3, 2014, his pain was rated 9/10. He reported feeling worse and he had moderate non throbbing headaches. There was pain to the neck that was severe with numbness/tingling to the 4th/5th fingers of both hands. The patient was also being followed for his knees and surgery was pending. An MRI of the right knee was performed on January 13, 2013, prior to the injury, and indicated that the patient was improving slowly. He was getting therapy treatment. There was limited range of motion (ROM) of the neck, pain to the right trapezius, full strength to the bilateral upper extremities, diminished sensation over the 4th-5th fingers to sharp and light touch. Motor function was 5/5 and back ROM was decreased. X-rays revealed degenerative changes of the cervical and lumbosacral spine. The patient was diagnosed with neck, lumbosacral strain; contusion thorax; shoulder girdle myalgia and multiple contusions. The provider requested authorization for an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Procedure: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended in case of red flags suggesting cervical spine damage such as tumor, infection, cervical root damage and fracture. With this patient, there was no physiologic evidence of tissue insult or neurologic dysfunction on the examination. There was no indication that a surgical intervention was being contemplated. Therefore, the request for MRI of the cervical spine is not medically necessary.