

Case Number:	CM14-0034822		
Date Assigned:	06/20/2014	Date of Injury:	10/07/2012
Decision Date:	07/31/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/20/2014

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 and is licensed to practice in Illinois. 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 52-year-old who reported an injury on October 7, 2012. The mechanism of injury is unknown. The injured worker complained of neck, radicular carpal tunnel, lumbar pain, and ongoing depression. There was no measurable pain documented. Physical findings revealed on range of motion of the lumbar spine flexion of 40 degrees and extension of 10 degrees. There was tenderness and spasm noted. The submitted report lacked any evidence of past treatment and/or medications the injured worker has tried and failed. The injured worker has a diagnosis of cervical strain with herniated disc, radicular CTS, lower spine strain with radiculopathy. Present treatment plan is for MRI of the cervical spine. The rationale and the request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Chronic Neck Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Neck & Upper Back.

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

Decision rationale: The injured worker complained of neck pain, radicular complaints, carpal tunnel syndrome symptoms, lumbar pain and ongoing depression. No measurable pain documented. The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines for MRI state if there are physiologic evidence indicating tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging) MRI for neural or other soft tissue. The guidelines also stipulate that there should be documentation of failure to progress in a strengthening program intended to avoid surgery, physiologic evidence of tissue insult or neurologic dysfunction and clarification of the anatomy prior to an invasive procedure. The guidelines stipulate that there should be physiological evidence indicating tissue insult or nerve impairment to consider an MRI. The submitted reports lacked any evidence of any of the above. There was also no report submitted indicating that the injured worker was progressing in any other strengthening programs or that they were ineffective. Furthermore, the submitted request was not specific as to what specific level, as in C1 through C7 of the cervical spine was to be imaged on MRI. As such, the request for an MRI of the cervical spine is not medically necessary or appropriate.