

Case Number:	CM14-0035334		
Date Assigned:	06/25/2014	Date of Injury:	12/09/2013
Decision Date:	08/12/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/19/2014

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 Occupational Medicine 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 44 year old male who sustained injury to his neck on 12/09/13 while securing barn doors on a trailer with latches. Treatment to date included six visits physical therapy, activity restrictions, and work modifications. The injured worker complained of numbness in the left arm and shoulder. Physical examination noted full range of motion of the neck with some tenderness to palpation at the base of the neck/trapezius; biceps/triceps symmetric; full range of motion left shoulder with diffuse numbness throughout the shoulder and upper arm. Electromyogram/nerve conduction velocity revealed electrodiagnostic evidence of mild left carpal tunnel syndrome with no significant cervical radiculopathy. The injured worker was diagnosed with a cervical strain with intermittent left upper extremity radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical neck/spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI).

Decision rationale: The request for magnetic resonance image (MRI) of the cervical spine is not medically necessary. The previous request was denied on the basis that there was absent objective findings and negative electrodiagnostic studies for cervical radiculopathy, with no indication that cervical x-rays had been completed; therefore, the request for cervical MRI was not medically justified. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention had been performed or was anticipated. There were no additional significant 'red flags' identified. Given this, the request is not indicated as medically necessary.