

Case Number:	CM14-0036610		
Date Assigned:	06/25/2014	Date of Injury:	01/30/2013
Decision Date:	07/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/26/2014

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 Nevada. 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 42-year-old gentleman who was reportedly injured on January 30, 2013. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated February 24, 2014, indicates that there are ongoing complaints of neck pain back pain and left shoulder pain as well as headaches. The physical examination demonstrated tenderness along the paraspinals muscles with spasms. There was tenderness at the left shoulder biceps tendon and acromioclavicular joint. There was full left shoulder range of motion. There was decreased sensation on the left side at the C5, C6 as well as L4, L5, and S1 dermatomes. A request had been made for an magnetic resonance imaging of the lumbar spine and the cervical spine and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 52. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: According to the medical record the injured employee has had a prior lumbar spine magnetic resonance image (MRI). This request for a repeat MRI of the lumbar spine is not accompanied by any documented changes or red flags regarding the injured employee on objective physical examination. Without any specific justification for repeated MRI of the lumbar spine, this request is not medically necessary.

Magnetic Resonance Imaging (MRI) Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: According to the medical record, the injured employee has had a prior cervical spine MRI. This request for a repeat MRI of the cervical spine is not accompanied by any documented changes or red flags regarding the injured employee on objective physical examination. Without any specific justification for repeated MRI of the cervical spine, the request is not medically necessary.