

Case Number:	CM14-0037071		
Date Assigned:	06/25/2014	Date of Injury:	03/19/2010
Decision Date:	08/20/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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 49 year old male with an injury date of 03/19/10. Based on the 01/14/14 progress report provided by [REDACTED] the patient complains of pain in his left shoulder, neck, and upper back. The pain is associated with pain and numbness radiating down the arm and legs. The patient's diagnoses include the following; Cervical degenerative disk disease, Cervical radiculopathy; Degenerative disk disease of the cervical spine with myelopathy, Herniated nucleus pulposus, lumbar spine The 10/27/11 MRI of the cervical spine revealed multilevel spondylosis as delineated [REDACTED] is requesting for an MRI of the cervical spine (QTY: 1.00). The utilization review determination being challenged is dated 02/27/14. The rationale is that there is no mention of any studies showing radiculopathy. [REDACTED] is the requesting provider, and he provided three treatment reports from 10/09/13, 01/08/14, and 01/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back complaints.

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

Decision rationale: According to the 01/14/14 report by treating physician, the patient presents with pain in his left shoulder, neck, and upper back. The request is for an MRI of the cervical spine (QTY: 1.00). There is no indication of why the treating physician is requesting for an additional MRI of the cervical spine. ACOEM guidelines do not support MRI's in the absence of red flags or progressive neurologic deficit. The review of the reports do not reveal why the treating physician is asking for another set of MRI. There are no new injuries, no deterioration neurologically, and the patient has not had surgery. Therefore, the request is not medically necessary.