

Case Number:	CM14-0038508		
Date Assigned:	06/27/2014	Date of Injury:	07/22/2013
Decision Date:	08/11/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/02/2014

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 Pain 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 39 year old male who sustained an injury to his neck on 7/22/13 after being caught between a column and a basket. An MRI of the cervical spine dated 12/28/13 revealed a 3 millimeter left paracentral disc herniation at C5-6; diffused annular bulging and abnormal annular morphology with uncinat ridging results and moderate to severe neuroforaminal stenosis, right greater than left at C5-6; C6-7, 3 millimeter post disc protrusion causes moderately severe bilateral foraminal stenosis, left greater than right. Physical examination noted tenderness to palpation and spasms of the upper traps and right posterior cervical paravertebral musculature; cervical spine range of motion limited in side bending and rotation. The injured worker continued to complain of occasional headaches. He was diagnosed with a neck sprain/strain, concussion, and headache. He was recommended to continue physical medicine treatment to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Magnetic Resonance Imaging (MRI) of teh cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The request for cervical magnetic resonance imaging (MRI) of the cervical spine is not medically necessary. The previous request was denied on the basis that the requested study had already been performed on 11/26/13. There was no documentation provided that would require repeating these studies. The Official Disability Guidelines state that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (E.G., tumor, infection, fracture, neurocompression, recurrent disc herniation). Given this, the request for cervical magnetic resonance imaging (MRI) of the cervical spine is not indicated as medically necessary