

Case Number:	CM14-0043251		
Date Assigned:	06/20/2014	Date of Injury:	10/18/2013
Decision Date:	07/30/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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 Diagnostic Radiology 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 50 year old male who suffered a work related injury on 10/18/13. At the time of the injury, the patient complained of sudden, sharp low back pain radiating into his lower extremities. No complaint of neck pain is documented at this time. He was evaluated in the ED and treated with medications. An initial complaint of neck was documented on the physician report from 01/02/14. The patient reports having constant neck pain radiating to both arms, as well as a now resolved, 3-4 day history of numbness in both upper extremities. X-ray of the cervical spine taken during this visit demonstrated degenerative changes (spondylosis) at C4-5. A subsequent physician report from 02/13/14 documents no change in the patient's neck pain. An MRI of the cervical spine was requested at this time to further evaluate the patient's neck pain. This request was non-certified on 02/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic resonance imaging) Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Magnetic resonance imaging (MRI).

Decision rationale: The patient complains of neck pain with radiation into both upper extremities. After 3 to 4 days, the radiating quality of the pain resolved. Follow-up visits demonstrate continued neck pain, which neither worsened nor was accompanied by the development of new associated symptoms. According to the ODG Guidelines, indications for an MRI includes, chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present, neck pain with radiculopathy if severe or progressive neurologic deficit, chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present, chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present, chronic neck pain, radiographs show bone or disc margin destruction, suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT normal, known cervical spine trauma: equivocal or positive plain films with neurological deficit and upper back/thoracic spine trauma with neurological deficit. As the neck pain has lasted less than 3 months (at the time of request), is not progressive, and is not accompanied by neurologic signs, request for an MRI of the cervical spine is not medically necessary.