

Case Number:	CM14-0049501		
Date Assigned:	07/07/2014	Date of Injury:	12/09/2010
Decision Date:	08/28/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine 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:

This is a 64-year-old male with a 12/9/10 date of injury, when he fell and injured his neck and arms. The progress note dated 3/18/14 is handwritten and somewhat illegible. The patient stated that his symptoms were worsening and the pain was 7/10, moderate and severe. The exam finding of the cervical spine revealed flexion 41+ and extension 31+, left flexion 28+, right flexion 62+. There was a positive Tinel's sign in the left elbow. It was noted, that the patient attended chiropractic treatments. The diagnosis is cervical spine with radiculitis and bilateral wrist/arm tendinitis. Treatment to date: chiropractic treatment, work restrictions and medications. An adverse determination was received on 4/15/14 given that there were no equivocal objective findings that identify specific nerve compromise on the neurologic examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Scan Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter-MRI.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. There is a lack of documentation indicating that the patient had plain films of the cervical spine performed. The progress note from 3/18/14 was handwritten and somewhat illegible. There remain no objective findings or a rationale indicating the patient's need for the cervical spine MRI. Therefore, the request for MRI Scan Cervical Spine was not medically necessary.