

Case Number:	CM14-0056968		
Date Assigned:	07/09/2014	Date of Injury:	08/22/2006
Decision Date:	08/15/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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:

According to the records made available for review, this is a 57-year-old male with an 8/22/06 date of injury. At the time (3/4/14) of request for authorization for Magnetic Resonance Imaging (MRI) Cervical Spine, there is documentation of subjective (constant neck pain with radiation to the bilateral upper extremities) and objective (tenderness to palpation over the cervical spine, trapezius and thoracic spine, positive Spurling's sign, decreased cervical range of motion, and decreased sensation along the C6 and C7 dermatomes) findings, current diagnoses (cervical spine herniated nucleus pulposus with radiculitis), and treatment to date (not specified). There is no documentation of red flag diagnoses where plain film radiographs are negative and failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Cervical Spine: 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 (updated 03/31/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction; failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information for available for review, there is documentation of a diagnosis of cervical spine herniated nucleus pulposus with radiculitis. In addition, given documentation of subjective (constant neck pain with radiation to the bilateral upper extremities) and objective (positive Spurling's sign and decreased sensation along the C6 and C7 dermatomes) findings, there is documentation of physiologic evidence (in the form of definitive neurologic findings on physical examination) of neurologic dysfunction and nerve root compromise. However, given no documentation of cervical spine x-rays, there is no documentation of red flag diagnoses where plain film radiographs are negative. In addition, there is no documentation of failure of conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for Magnetic Resonance Imaging (MRI) Cervical Spine is not medically necessary.