

Case Number:	CM14-0063526		
Date Assigned:	07/11/2014	Date of Injury:	11/16/2013
Decision Date:	09/12/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/06/2014

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 Anesthesiology has a subspecialty in Pain Management 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 42-year-old male with an 11/15/13 date of injury to his back and neck while installing a granite countertop. A QME from 2/17/14 revealed normal strength in the upper extremities bilaterally, symmetric and equal reflexes in the upper extremities (1+/4), and no sensory deficits. He was seen on 3/16/14 for follow up of his back pain. Exam findings revealed tenderness in the cervical paraspinals, lumbar guarding, and positive straight leg raise, as well as tenderness to the inguinal ligament bilaterally. The patient's diagnosis is cervical sprain/strain. He was seen again on 3/26/14 and noted mild improvement of pain in the neck and mid and low back, and stated the pain in his neck radiated to both shoulders. Exam findings revealed positive sensory deficit in the right lower extremity and tenderness over the cervical paraspinal muscles. On 2/26/14 plain films C spine: no abnormalities noted treatment to date. The UR decision dated 4/17/14 denied the request given there was no detailed exam of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation (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. The patient is complaining of neck pain radiating to the shoulders. However, the most recent exam of the upper extremities showed no evidence of neurologic dysfunction. The most recent exams do not document any exam of the upper extremities, only cervical paraspinal tenderness. There is no physiologic evidence of neurologic dysfunction related to the C spine therefore, the request for a cervical spine MRI is not medically necessary.