

Case Number:	CM14-0067045		
Date Assigned:	07/11/2014	Date of Injury:	11/04/2011
Decision Date:	09/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/12/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 26-year-old individual was reportedly injured on November 4, 2011. The mechanism of injury was noted as a repetitive use syndrome. The most recent progress note, dated February 19, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated the injured employee to be in no acute distress. There was tenderness to palpation of the cervical paraspinal muscles. Decreased sensation was noted in the right medial forearm, and strength was listed 4/5. Diagnostic imaging studies objectified MRI documentation of an ordinary disease of life degenerative disc lesion at L5-S1. Previous treatment included physical therapy, medications, and pain management intervention. A request had been made for imaging studies and was not medically necessary on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine with out dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter regarding MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders-Diagnostic Investigations (Electronically Cited).

Decision rationale: As outlined in the ACOEM guidelines, MRI is recommended for patients with acute cervical pain with a progressive neurological deficit. The progress notes did not indicate that there is a progressive neurological deficit. Furthermore, the mechanism of injury is not noted, and no are degenerative changes identified with the previous obtained lumbar MRI. As such, there is insufficient clinical information presented to support this request, as there were no references to a cervical MRI in the most recent progress note.