

Case Number:	CM14-0067692		
Date Assigned:	07/11/2014	Date of Injury:	10/20/2000
Decision Date:	09/17/2014	UR Denial Date:	04/30/2014
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 and 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 the injured worker is a 57-year-old female who was reportedly injured on October 20, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 8, 2014, indicated that there were ongoing complaints of neck pain and difficulty sleeping. The physical examination demonstrated cervical spine stiffness and decreased range of motion with pain. There were decreased reflexes of the upper extremities bilaterally. Diagnostic imaging studies of the lumbar spine showed anterolisthesis of C5-C6 and a disc bulge at C6-C7. Previous treatment included cervical spine surgery and physical therapy. A request had been made for an MRI of the cervical spine and was not certified in the pre-authorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Spine Without Contrast Material: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: A review of the attached medical record indicates that the injured employee has had a previous MRI of the cervical spine. It is not indicated that there has been a significant change or worsening of the injured employee's symptoms or physical examination findings since the MRI was performed. As such, the request for an MRI of the cervical spine without contrast is not medically necessary.