

Case Number:	CM14-0068975		
Date Assigned:	07/14/2014	Date of Injury:	02/09/2013
Decision Date:	10/07/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/13/2014

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 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:

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. In the reports viewed, there were no indications for future surgery, and an MRI of the cervical spine dated 4/8/2014 did not demonstrate any significant neurological findings to warrant a repeat MRI. In a progress note dated 3/21/2014, the patient was advised to do home exercises, and there was no documentation of previous conservative care attempted. Furthermore, there were no plains films mentioned or provided in the reports viewed to be evaluated. Therefore, the request for MRI of cervical spine is not medically necessary.

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 Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179-180.

Decision rationale: This 29-year-old patient had a date of injury on 2/9/2013. The mechanism of injury was not noted. In a progress noted dated 3/21/2014, subjective findings included headache and pain in neck, upper back and hand. Pain is associated with weakness, numbness, tingling and swelling. The pain radiates to left arm, elbow, and fingers. On a physical exam 3/21/2014, objective findings included tenderness, guarding and spasms noted over left paravertebral region and upper trapezius muscle. A cervical MRI dated 4/8/2014 did not demonstrate any significant neurological findings. There were trigger point noticeable in left upper trapezius muscles. Diagnostic impression shows cervicalgia, left sided cervical dyesthesias at C6 Treatment to date medication therapy, behavioral modification. A UR decision dated 4/16/2014 denied the request for MRI of the Cervical spine, stating that no documented reports of previous conservative care along with outcomes. The muscle testing results was not specific as to the side and location, and previous X-ray studies were not stated to have been done.