

Case Number:	CM14-0069597		
Date Assigned:	07/14/2014	Date of Injury:	07/01/2009
Decision Date:	08/21/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/14/2014

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 Orthopedic Surgery 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:

The claimant is a 53-year-old with industrial injury reported on 7/1/09. The claimant is diagnosed with cervical radiculopathy. Exam note from 10/24/13 demonstrates complaint of neck and bilateral upper extremity symptoms. Report states that there is atrophy of the left hypothenar eminence with decreased sensation in the left C6-8 dermatomes. Report demonstrates 4/5 strength in the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for MRI of Cervical Spine, DOS 10/31/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints pages 177-178, regarding special studies (MRI), recommendations are made for magnetic resonance imaging (MRI) of cervical or thoracic spine when conservative care has failed over a 3-4 week period. The criteria for ordering imaging studies are the emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a

strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In this case, the exam notes cited do not demonstrate any prior clinical notes prior to 10/24/13. It is unclear if a prior MRI of the cervical spine has been performed or the duration of neurologic symptoms present in the exam note from 10/24/13. There is no documentation of conservative care tried or failed prior to the request for the MRI. Therefore, the determination is not medically necessary.