

Case Number:	CM14-0071002		
Date Assigned:	07/14/2014	Date of Injury:	05/31/2002
Decision Date:	08/13/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/16/2014

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 Mississippi. 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 55 year-old female was reportedly injured on May 31, 2002. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated April 2, 2014, indicates that there are ongoing complaints of neck, back and lower extremity pain. Co-morbidities include transmandibular joint, fibromyalgia and hypertension. A procedure note indicates that a scar revision procedure was completed in April 2014. The physical examination demonstrated a slight decrease of cervical range of motion, normal deep tendon reflexes, weakness of the shoulder, and a decrease in lumbar range of motion. Diagnostic imaging studies are not presented. Previous treatment includes surgery, medications and conservative interventions. A request had been made for a cervical spine MRI and was not certified in the pre-authorization process on April 16, 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI neck spine without dye: 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), Treatment index, 12th Edition (web), 2014 Neck and Upper Back - MRI.

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

Decision rationale: When considering the date of injury, the findings noted on physical examination and the date of injury, there is no data presented to suggest a change in the upper extremity neurological findings to warrant a study. As outlined in the American College of Occupational and Environmental Medicine, there needs to be a progressive neurologic deficit and none is appreciated on the progress note presented for review. As such there is no medical necessity established for this study.