

Case Number:	CM14-0071987		
Date Assigned:	07/16/2014	Date of Injury:	09/03/2013
Decision Date:	09/22/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 40 year old male who sustained an injury to his neck on 09/03/13 while delivering boxes, he was bending down to place a box and a dog came out and almost bit his leg. The injured worker lifted his leg and felt pain in his back. He continued working but reported the injury. He presented to the clinic where plain radiographs were obtained and he was dispensed a back brace. He was also given prescriptions for Motrin and Flexeril. The injured worker noted that he had 2 visits of physical therapy which consisted of a TENS unit, ultrasound, massage, stretching, and exercises. The injured worker was referred to an orthopedic specialist. Plain radiographs of the thoracic spine dated 03/20/14 revealed alignment within normal limits; mild anterior osteophytes at multiple levels throughout the mid-thoracic spine; vertebral body heights are within normal limits; no evidence of compression fracture. Physical examination documented normal strength, sensation, and symmetric reflexes of the bilateral upper extremities with negative compression testing; indication of normal strength of the lower limbs with some altered sensation in the left lateral calf; indication of decreased thoracic range of motion and tenderness; the injured worker was diagnosed with a cervical strain, mild cervical spondylosis, thoracic strain, thoracic spondylosis, lumbar strain, and mild lumbar spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical and thoracic spine w/o dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 4-5.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI).

Decision rationale: The request for a magnetic resonance imaging (MRI) of the cervical and thoracic spine without contrast is not medically necessary. The previous request was denied on the basis that there was no explanation provided as to why cervical or thoracic MRI is being requested or why they may be necessary. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. Physical examination did not note any decreased motor strength, increased reflex or sensory deficits in the cervical spine or bilateral upper extremities. The injured worker complained of chronic neck stiffness and the injured worker specifically stated that his pain does not radiate into the arms and there is no numbness or associated weakness. There were no additional significant red flags identified. Given this, the request for an MRI of the cervical and thoracic spine without contrast is not indicated as medically necessary.