

Case Number:	CM14-0073518		
Date Assigned:	07/16/2014	Date of Injury:	06/20/1974
Decision Date:	09/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/20/2014

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 General Surgery, has a subspecialty in Surgical Critical Care 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 74 year old female who was reportedly injured on 06/02/1974 when the stand she was on was hit by a crane basket. Per the 03/26/2014 progress report, the injured worker had complaints of constant bilateral anteromedial knee pain, right greater than left and constant burning pain over the posterior neck radiating to the bilateral upper trapezius and scapulae. There was mentioning of buckling of the right knee. Treatment has included two right knee surgeries, physical therapy and medications. Current medications include alprazolam, zolpidem, atenolol, Nexium, Crestor and hydrochlorothiazide. Physical examination findings of the cervical spine included no abnormal cervical posturing, asymmetry or muscle wasting. There was tenderness to palpation over the upper trapezius and levator scapulae muscles bilaterally. There was no paracervical muscle spasm appreciated. There was muscle guarding on range of motion testing with flexion of 60 degrees, extension of 50 degrees, bilateral lateral bending of 20 degrees, right lateral rotation of 50 degrees and left lateral rotation of 40 degrees. Cervical compression test, distraction test and Spurling's test were all negative. Right grip strength 55/50/45 and left grip strength of 70/75/70. Muscle strength was 5/5, deep tendon reflexes were 2+, sensation was normal. A request was made for Magnetic Resonance Image neck spine without dye and was not certified on 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Image neck spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, MRI.

Decision rationale: There is no objective evidence of neurologic compromise or deficits and there are no red flags as per ACOEM to warrant cervical spine MRI. The most recent exam of 3/26/14 reveals no neurologic deficits or muscle wasting. Therefore the requested MRI is not medically necessary per ACOEM or ODG recommendations.