

Case Number:	CM14-0074749		
Date Assigned:	08/25/2014	Date of Injury:	09/12/2008
Decision Date:	10/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/22/2014

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 53 year old male who sustained an injury to his neck on 09/12/08 while pushing bins, when a forklift truck struck the bins and the pallet jack hit his face, causing the bins to fall on top of him injuring his neck, chest, and back. The injured worker was taken to the clinic where he received sutures on his lip. Magnetic resonance image (MRI) of the cervical spine dated 10/02/13 revealed mild diffuse disc bulge at C4-5, C5-6, and C6-7; slightly greater on the right. Clinical note dated 03/07/14 reported that the injured worker continued to complain of neck pain/upper back pain with range of motion and radiation. The most recent clinical note dated 04/30/14 reported that the injured worker continued to complain of severe pain mainly in the cervical spine with numbness radiating into the bilateral upper extremities that was made worse when he lifted anything over 10 pounds or when he attempted flexion/extension of the cervical spine. Physical examination noted cranial nerves normal; motor strength normal; reflexes symmetric; sensory diminished to touch in the bilateral C6-7 distribution; normal gait; normal coordination; cervical spine spasm diffusely, and thoracic spine spasms diffusely. It was believed that the injured worker may have had a nerve impingement syndrome and MRI of the cervical spine/thoracic spine, and electrodiagnostic testing was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back - Repeat Cervical MRI

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 magnetic resonance image (MRI) of the cervical spine is not medically necessary. Given this, the request is not deemed as medically appropriate. There was no report of a new acute or injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no recent physical examination findings of decreased motor strength or increased reflex deficits. There was no indication that the plain radiographs were obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for MRI of the cervical spine is not indicated as medically necessary.