

Case Number:	CM14-0079379		
Date Assigned:	07/18/2014	Date of Injury:	01/20/2009
Decision Date:	08/25/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 67 year old male with a work injury dated 1/20/09. The diagnoses include lumbar discogenic pain, myospasms, and cervical spine mild protrusion. Under consideration is a request for MRI of the cervical spine. There is a primary treating physician (PR-2) document dated 5/8/14 that states that the patient complains of constant pain to the cervical spine which radiates down to the lumbar spine with prolonged movement. The pain to the lumbar spine radiates down the right leg and is increased with activities. On exam there is tenderness to the cervical and lumbar area with restricted range of motion with paraspinal spasms. There is hypoesthesia in the L4-5 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: 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: Per the MTUS guidelines unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Furthermore, the guidelines state that criteria for ordering imaging studies are: emergence of a red flag or 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. The documentation submitted reveals no indication of specific nerve compromise on physical exam testing. There are no red flag findings, and there is no evidence patient is preparing for surgery. The documentation furthermore does not reveal a failure to progress in a strengthening program intended to avoid surgery. The request for cervical MRI is not medically necessary.