

Case Number:	CM14-0081067		
Date Assigned:	07/18/2014	Date of Injury:	08/29/2006
Decision Date:	09/09/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/03/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 48-year-old male who reported an injury on 08/29/2006. The mechanism of injury was not provided for clinical review. The diagnoses included low back pain, neck pain, cervical lumbar radiculopathy. The previous treatments included medication. The diagnostic testing included an MRI of the lumbar spine. Within the clinical note dated 05/06/2014, it was reported the injured worker complained of neck and back pain. He complained of increasing neck and back pain which radiated into the right upper extremity. He rated his pain 8 out of 10 in severity and constant. Upon examination of the cervical spine the provider noted the injured worker had tenderness of the paraspinal muscles. The range of motion was extension at 30 degrees. The provider indicated the neurological exam was normal. The injured worker had normal deep tendon reflexes. The provider indicated the injured worker had a normal sensory exam. The request submitted is for an MRI of the cervical spine. However, a rationale was not provided for clinical review. The Request for Authorization form was not provided for the clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for MRI of the cervical spine is non-certified. The California MTUS/ACOEM Guidelines note that criteria for ordering imaging studies include emergence of red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to invasive procedure. Failure of conservative treatment. There is lack of documentation indicating the injured worker tried and failed on conservative therapy. There is a significant lack of documentation including neurological deficits such as decrease sensation, or decrease motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is non-certified.