

Case Number:	CM14-0086151		
Date Assigned:	07/23/2014	Date of Injury:	03/10/2013
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/09/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 has a date of injury of April 17, 2014. The patient has chronic neck pain. Physical examination shows tenderness to the trapezius bilaterally. This limited range of shoulder motion. There is numbness and tingling in the hands. The lumbar spine has limited range of motion and tenderness in the paravertebral muscles at L4-5 and L5-S1. There were no neurologic findings related to the cervical spine. Patient has been diagnosed with cervical sprain. At issue is whether cervical MRI is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG low back chapter.

Decision rationale: This patient does not meet establish criteria for cervical MRI. Specifically there is no documentation of abnormal neurologic examination. There is no documentation of a trial and failure of physical therapy. There is no documentation of adequate trial of conservative measures. There were no red flag indicators for MRI such as concerns of fracture or tumor. The

patient does not have abnormal neurologic examination related to cervical spine. Cervical MRI is not necessary at this time.