

Case Number:	CM14-0086747		
Date Assigned:	07/23/2014	Date of Injury:	09/06/2013
Decision Date:	09/11/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/10/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 reported date of injury of 09/06/2013. The patient has the diagnoses of cervical spine sprain/strain, thoracic spine strain/strain and trapezius sprain/strain. Per the progress notes provide by the treating physician dated 03/25/2014, the patient had complaints of pain in the neck, upper back and trapezius without radicular symptoms. The patient reports prior acupuncture sessions were not beneficial. The physical exam noted cervical and thoracic paraspinals muscles tenderness. Neurologic exam was intact. Treatment recommendations included continuation of home exercise program and referral to pain management. Pain management recommended MRI of the cervical spine to help.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI C-Spine w/o (without) contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The ACOEM section on neck complaints recommends MRI be done when there is the presence of red flag symptoms, in preparation of a invasive procedure or when there is clear physical findings of nerve root compromise. The provided documentation does not meet

these criteria and thus the request for MRI Cervical-Spine w/o (without) contrast is not medically necessary.