

Case Number:	CM14-0086843		
Date Assigned:	07/23/2014	Date of Injury:	10/10/2008
Decision Date:	08/27/2014	UR Denial Date:	05/15/2014
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 Occupational Medicine, and is licensed to practice in California. 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:

Patient is a 52 year-old male with date of injury 10/10/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/01/2014, lists subjective complaints as pain in the shoulders, arms, neck, low back, and knees. Objective findings: Examination of the cervical spine and upper extremities revealed tenderness to palpation of the paraspinal musculature and nonspecific tenderness to palpation at the bilateral shoulders. Patient had normal range of motion of the bilateral shoulders, but decreased sensation was noted. Diagnosis: 1. Cervical sprain/strain 2. Thoracic strain/sprain 3. Lumbar strain/sprain 4. Shoulder train/sprain, bilateral 5. Numbness, bilateral arms 6. Numbness, bilateral les 7. Strain/sprain knees, bilateral. Patient has had 12 sessions of physical therapy and 8 sessions of chiropractic care and noted limited improvement from these conservative treatments. Patient is currently taking Tylenol and Aspirin.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 OF 9. MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178, 182.

Decision rationale: MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. The patient's complaints and physical exam appear not to have changed over the course of a year. There is no documentation that any of the above criteria have emerged. Therefore the request for Cervical MRI is not medically necessary.