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| Case Number: | CM13-0026416 | | |
| Date Assigned: | 11/01/2013 | Date of Injury: | 03/02/2005 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/19/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old female who reported an injury on 02/16/2005. The patient is diagnosed with neck sprain, lumbosacral sprain, shoulder sprain, and carpal tunnel syndrome. The patient was seen by [REDACTED] on 08/05/2013. The patient reported no significant change in her current condition. The patient reported continued headaches and tightness with pain in the cervical spine aggravated by activities and prolonged positioning. Physical examination revealed 10 degree flexion with 10 degree extension of the cervical spine, positive paravertebral tenderness and spasm, and decreased sensation in all fingers of the left hand. Treatment recommendations included continuation of current medications and a request for authorization for an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) scan of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), page(s): 177-179. Decision based

on Non-MTUS Official Disability Guidelines (ODG), Neck & Upper Back Chapter, magnetic resonance imaging (MRI).

Decision rationale: California MTUS/ACOEM Practice Guidelines state criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. As per the clinical notes submitted, the patient continues to report constant cervical spine pain. There is no documentation of a significant change in the patient's physical examination that would warrant the need for an MRI. There is no evidence of tissue insult or neurologic dysfunction, nor is there evidence of the emergence of red flags for serious spinal pathology. There is also no documentation of a failure to respond to recent conservative treatment. Based on the clinical information received, the request is non-certified.