

Case Number:	CM14-0122389		
Date Assigned:	08/06/2014	Date of Injury:	06/09/2014
Decision Date:	02/25/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/04/2014

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. 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: California
 Certification(s)/Specialty: Orthopedic Surgery

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 male who suffered a work related injury on 06/19/2014. Per the physician notes from 06/18/14 he felt neck sprain while lifting a patient and later noted neck pain and radiating pain in his right upper limb. Diagnoses include acute cervical strain, know cervical disc disease, and cervical radicular symptoms. The treatment plan included a MRI of the cervical spine and physical therapy. The requested treatment is a MRI of the cervical spine. This treatment was denied by the Claims Administrator on 07/28/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Of the Cervical Spine 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): 177-178.

Decision rationale: According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints pgs 177-178 regarding special studies (MRI), recommendations are made for MRI of

cervical or thoracic spine when conservative care has failed over a 3-4 week period. Criteria for ordering imaging studies are:- Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction- Failure to progress in a strengthening program intended to avoid surgery- Clarification of the anatomy prior to an invasive procedure" In this case the exam notes from 6/18/14 do not demonstrate any deficit neurologically or failed strengthening program prior to the request for MRI. Therefore, the determination is for non-certification as not medically necessary.