

Case Number:	CM14-0195266		
Date Assigned:	12/03/2014	Date of Injury:	12/13/2012
Decision Date:	03/19/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/21/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male who reported an injury on 12/13/2012 due to a fall. The injured worker reportedly sustained an injury to his neck and upper back. The injured worker's treatment history included physical therapy, medications, and surgical intervention to the right elbow. The injured worker was evaluated on 10/23/2014. Physical examination findings of the right elbow included a well healed incision with full flexion and extension, and fairly good pronation and supination. The injured worker was released to full work duty status. It was noted that the injured worker was complaining of neck pain. Physical examination findings of the neck revealed tenderness to palpation of the cervical paraspinal musculature. The injured worker's treatment plan included an MRI of the cervical spine. A Request for Authorization was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The requested MRI cervical spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend MRIs of the cervical spine for injured workers who have evidence of neurological deficits upon examination that have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to any type of conservative treatment directed towards his neck injury. Furthermore, there are no neurological deficits documented on examination to support the need for an imaging study. As such, the requested MRI of the cervical spine is not medically necessary or appropriate.