

Case Number:	CM14-0207515		
Date Assigned:	12/19/2014	Date of Injury:	09/18/2014
Decision Date:	02/11/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/11/2014

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 Practice, and is licensed to practice in Georgia. 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 claimant had a date of injury of 9/18/14. The mechanism of injury is reported as striking head on a counter while rising from kneeling on the floor. Diagnoses are cervical strain, closed head injury and improving right cervical radiculitis. Examination reveals no radicular symptoms or weakness in upper extremities. Thus far there has been no physical therapy or home exercise program. The plan for care is to initiate physical therapy, occupational therapy and to perform and MRI of cervical spine. The request is for MRI of cervical spine.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Neck MRI

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

Decision rationale: ACOEM chapter on neck complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable

intervention. The medical record does not include any such physical examination findings and no surgical intervention is proposed in the records. Cervical MRI is not medically necessary.