

Case Number:	CM15-0008720		
Date Assigned:	01/26/2015	Date of Injury:	02/24/2011
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/15/2015

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 46-year-old male who reported an injury on 02/24/2011. The injured worker reportedly sustained a severe neck injury while working on an air conditioner compressor unit. The current diagnoses include Colles' fracture, thoracic sprain, sprain of unspecified site of the shoulder and upper arm, lumbosacral sprain, and degeneration of cervical intervertebral disc. The injured worker presented on 11/20/2014 with complaints of persistent pain. There was no physical examination of the cervical spine provided. Recommendations included continuation of home exercise. A Request for Authorization form was then submitted on 12/24/2014 for a 3T 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:

Cervical 3T MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-178.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. In this case, there was no documentation of a recent physical examination of the cervical spine. There is also no mention of a recent attempt at any conservative treatment for the cervical spine. Given the above, the request for a 3T cervical MRI is not medically appropriate at this time.