

Case Number:	CM15-0009318		
Date Assigned:	01/27/2015	Date of Injury:	07/04/2012
Decision Date:	03/26/2015	UR Denial Date:	01/06/2015
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 27-year-old male who reported an injury on 07/04/2012. The mechanism of injury was a fall. It was noted that his work related injury had affected his lumbar spine, right hip, and right ankle/foot. At his appointment on 12/09/2014, the injured worker's diagnoses were listed as cervical sprain/strain, lumbar sprain/strain, lumbar spine intervertebral disc displacement, knee sprain/strain, anxiety syndrome, depression, and fibromyalgia. His subjective complaints were listed as pain to the low back, bilateral hands, and leg. Physical examination revealed unspecified positive neurological findings and orthopedic findings, as well as restricted/painful range of motion and paraspinal muscle spasm to an unspecified area. The previous determination letter indicated that recommendations were made for an MRI of the cervical spine, 7 acupuncture treatments, a neurological evaluation, and a psychological evaluation.

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 9 Shoulder Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 177-179.

Decision rationale: According to the California MTUS ACOEM Guidelines, unequivocal evidence of neurological dysfunction is sufficient evidence to warrant imaging studies in patients with neck and radiating symptoms despite an adequate course of conservative treatment. The clinical information submitted for review indicated that the injured worker had been treated with medications, activity modification, and physical therapy for the lumbar spine. However, clear documentation regarding his history of treatment for the cervical spine was not provided, as the documentation indicates that he has primarily been treated for lumbar spine issues since the time of his injury. Additionally, the injured worker was noted to have unspecified neurological findings on physical examination. However, details regarding these neurological findings were not provided to include whether there was evidence of decreased motor strength, sensation, or reflexes related to the upper extremities to suggest cervical spine dysfunction. In the absence of documentation of clear neurological findings showing evidence of pathology of the cervical spine and documentation showing adequate course of conservative treatment for the cervical spine, the request is not supported. As such, the request is not medically necessary.