

Case Number:	CM15-0028656		
Date Assigned:	02/20/2015	Date of Injury:	07/07/2013
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 44 year old male, who sustained an industrial injury on 07/07/2013. On provider visit dated 01/14/2015 the injured worker has reported neck pain with radiation to the bilateral upper extremities along with bilateral upper extremities numbness and tingling. On examination he was noted to have tenderness of trapezius and paraspinals muscles and a decreased range of motion of cervical spine. The diagnoses have included cervical sprain with radicular symptoms. Treatment to date has included physical therapy of right shoulder. The treatment plan included MRI of the cervical spine. On 01/20/2015 Utilization Review non-certified Cervical MRI. The CA MTUS were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI: 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): 165 - 188.

Decision rationale: The patient is a 44 year old male with a date of injury of 07/07/2013. He had a diagnosis of cervical strain with radicular symptoms - cervical radiculopathy. There is no documentation of recent red flag signs or a recent change in the clinical status. There is no documentation that imminent surgery is being planned; the requested MRI is not medically necessary.