

Case Number:	CM13-0000671		
Date Assigned:	08/22/2013	Date of Injury:	01/14/2013
Decision Date:	01/08/2014	UR Denial Date:	06/06/2013
Priority:	Standard	Application Received:	06/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California, New York, and Washington. 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 physician 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 patient is a 44 year old male with back and neck pain after a motor vehicle accident in January 2013. The patient has numbness and tingling in his bilateral legs and hands. He has had 4 sessions of physical therapy with some documented relief. The patient has had an MRI of his lumbar spine in January 2013, which did not show significant abnormality. Xrays of the thoracic and lumbar spine are normal. There are no xrays of the cervical spine. The patient is currently using norco and voltaren. There is no documentation of neurologic deficits in the upper or lower extremities. More physical therapy has been requested. At issue is whether or not an MRI of the cervical spine is medically necessary.

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): 177-178.

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

Decision rationale: The medical records provided for review reflect that the employee has no red flag indications for cervical MRI at this time. There is no documented concern for

tumor, fracture, or instability of the spine. The employee also has not had a xray of the C spine and has not had a sustained trial of physical therapy. Only 4 physical therapy sessions were previously documented to provide pain relief. Also, there is no documented neurologic deficit on physical examination. An MRI of the cervical spine is not medically necessary and appropriate.