

Case Number:	CM14-0120946		
Date Assigned:	09/16/2014	Date of Injury:	08/26/2009
Decision Date:	10/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/31/2014

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 Occupational Medicine and is licensed to practice in California. 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:

There were 216 pages provided for this review. The request for independent medical review was signed on July 25, 2014. It is a retrospective review for an MRI of the cervical spine with flexion and extension done on March 28, 2014. Per the records provided, the patient is a 43-year-old man injured back in the year 2009. It was reported to be a head and neck injury related to a fall. The patient was treated with physical therapy and medicines and was permanent and stationary in 2010. In 2011, there were ongoing complaints including EMG/NCS of both upper extremities done on April 4, 2011 which was normal, with no evidence of radiculopathy and also a 2011 EMG/NCS of both lower extremities which was normal with no evidence of radiculopathy. As of May 17, 2013 there is still neck pain and headache. Cervical neurologic evaluation is not documented. In follow-up on November 15, 2013, there again was reported neck pain. There was no motor or sensory deficit and the only finding was neck muscle tenderness. The complaints were not well described. There were headaches and weakness in the upper extremity. No neurological examination was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: MRI of the cervical spine with flexion-extension (DOS: 03/28/14):

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: Although there is subjective information presented in regarding increasing pain, there are no accompanying physical signs. The case would therefore not meet the MTUS ACOEM criteria for cervical, magnetic imaging, due to the lack of objective, unequivocal neurologic physical examination findings documenting either a new radiculopathy, or a significant change in a previously documented radiculopathy. The guidelines state: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery."The request is appropriately noncertified.