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| Case Number: | CM14-0123999 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 06/13/2012 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 07/22/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

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 Family Practice and is licensed to practice in Texas and Mississippi. 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:

The injured worker is 53-year-old male who reported an injury on 06/13/2012. While working, he had a pulling pain in the right side of his neck while moving large metal parts. The past treatments included physical therapy, MRI, medications, and follow-up visit. The injured worker complained of neck pain and shoulder pain. The injured worker had diagnoses of sprain of unspecified site of his shoulder and upper arm, lumbar strain, and cervical strain. The prior diagnostic studies included MRI of the cervical spine dated 2012 and 2013. The objective findings dated 07/15/2014 of the lumbar spine revealed no loss of normal cervical lordosis or any abnormal curvatures; no evidence of deformity or step off. Range of motion of the cervical spine measured forward flexion just chin to chest, extension 10 degrees, right bilateral lateral bend 10 degrees, and bilateral rotation 40 degrees. There was pain toward the terminal range of motion, palpation, no paraspinous muscular tenderness to palpation, Spurling test positive, and Adson's test negative bilaterally. The treatment plan included an MRI of the cervical spine. The Request for Authorization dated 09/16/2014 was submitted with documentation.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter MRI (Magnetic Resonance Imaging)

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

Decision rationale: The request for MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines indicate the criteria imaging studies include the emergence of a red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to the invasive procedure. Physiological evidence may be in the form definitive neurological findings on physical examination, electrodiagnostic studies, laboratory testing, or bone scans. The clinical notes did not indicate the injured worker had neurological deficits or the emergence of red flags. The injured worker has had x 2 MRI studies and the clinical notes did not indicate or warrant any special circumstances for a third MRI. As such, the request is not medically necessary.