

Case Number:	CM14-0124141		
Date Assigned:	08/08/2014	Date of Injury:	04/15/2014
Decision Date:	10/20/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/06/2014

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 New York and North Carolina. 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 claimant was injured in a MVA on 4/15/14 when he hit someone who stopped suddenly and was also rear-ended. He developed neck pain and stiffness. He was a parts delivery driver for 3 months before this occurred. He is diagnosed with cervical spine strain. His initial physical examination was fairly unremarkable in terms of cervical range of motion and neurological testing. He was treated with medications, narcotic, muscle relaxant and NSAID. Later progress notes report shocking sensation down the left side. He requested physical therapy and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine without dye with high grade Telsa 1.5 or higher: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back

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

Decision rationale: Cervical MRI may be considered, per the ACOEM Guidelines of the MTUS, when surgery is being considered for a specific anatomic defect, or to further evaluate

the possibility of potentially serious pathology, such as a tumor. Neither of these are the case for this patient. Physiologic evidence of tissue insult or neurologic dysfunction is another reason to order an MRI. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. This patient has not demonstrated any evidence of tissue insult or neurologic dysfunction. Therefore, the request for MRI of the Cervical Spine without dye with high grade Telsa 1.5 or higher is not medically necessary and appropriate.