

Case Number:	CM14-0124981		
Date Assigned:	08/11/2014	Date of Injury:	04/10/2012
Decision Date:	10/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 28-year-old male with an injury date of 04/10/2012. Based on the 03/06/2014 progress report, the patient complains of having neck pain and has been recently struggling with depression as he has been living in pain. In regards to the cervical spine, the patient has less than 50% of normal range of motion for both extension and flexion. He has severe tenderness at the left side of his neck, upper left paraspinal muscles, and lower left paraspinal muscles. He has a decreased touch on the left in the C4 dermatome. The patient seems to present himself as being anxious and irritable. The patient's diagnoses include the following: 1. Cervicobrachial syndrome (diffuse). 2. Cervical radiculopathy. 3. Cervicalgia. The utilization review determination being challenged is dated 07/31/2014. Three treatment reports were provided from 01/09/2014, 02/06/2014, 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine w/out contrast: 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

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

Decision rationale: Based on the 03/06/2014 progress report, the patient complains of having neck pain and depression. The request is for an MRI of the cervical spine without contrast. The utilization review letter dated 07/31/14 states that the patient already had an MRI of the cervical spine on 05/12/14 which revealed a bulge at C3-4. "A repeat MRI was ordered." The report with the request was not provided. ACOEM 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." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. No discussion was provided as to why an updated MRI of the cervical spine is needed. Subjective worsening symptoms are inadequate reasons for an updated MRI. Recommendation is for denial.