

Case Number:	CM14-0126698		
Date Assigned:	08/13/2014	Date of Injury:	10/24/2013
Decision Date:	10/07/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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 a 27-year-old female who reported an injury on 10/24/2013 after being assaulted. The injured worker reportedly sustained injuries to multiple body parts to include the head and cervical spine. Treatment history included physical therapy, chiropractic care, and a home exercise program. The injured worker was evaluated on 06/23/2014. It was documented that the injured worker had paracervical musculature pain radiating into the right upper extremity. Physical findings included a decreased cervical spine range of motion secondary to pain with tenderness to palpation over the right paracervical musculature, trapezius muscles, and right rhomboid muscles. The patient had normal reflexes of the bilateral upper extremities and normal motor strength. The patient had a positive right sided Spurling's sign. The patient's diagnoses included right lumbosacral strain, right lumbosacral radiculopathy, myofascial pain syndrome, right cervical strain, and right cervical radiculopathy. The injured worker's treatment plan included an MRI of the cervical spine, electrodiagnostic studies, acupuncture, and an MRI of the lumbar spine. The Request for Authorization form was submitted on 06/23/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The requested MRI Cervical Spine is medically necessary and appropriate. The American College of Occupational and Environmental Medicine recommends cervical spine MRIs for injured workers who have clinically evident radiculopathy. The injured worker was evaluated on 06/23/2014. It was documented that the injured worker had radiating pain in the right upper extremity and a positive cervical compression test and a positive Spurling's sign. Although there were no motor strength deficits or weakness deficits noted, the injured worker does have evidence of neural impingement. As the injured worker has failed to respond to conservative treatment, an MRI of the cervical spine would be supported in this clinical situation. As such, the requested MRI Cervical Spine is medically necessary and appropriate.