

Case Number:	CM14-0136643		
Date Assigned:	09/03/2014	Date of Injury:	11/05/2013
Decision Date:	10/23/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/22/2014

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 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 injured worker is a 47-year-old male who reported an injury on 11/05/2013 due to a motor vehicle accident. Diagnoses included posterior neck pain, intermittent mild and bilateral upper extremity dorsal forearm aching and intrascapular pain, and low back pain. The past medical treatment was not provided. Diagnostic testing included an x-ray of the lumbar spine on 05/15/2014. Surgical history was not provided. The injured worker complained on 07/24/2014 of pain to the cervical spine and lumbar spine, causing clicking, symptoms worsened with pushing, repetitive use, pulling, and lifting. The physical examination of the cervical spine revealed spinous processes were normally aligned and non-tender to palpation; there was tenderness to palpation of the paracervical, levator scapulae, medial trapezius, and parascapular muscles. The physical examination also revealed positive levator scapulae and trapezius muscle spasms. The cervical spine range of motion revealed flexion to 40 degrees, extension 20 degrees with pain, right lateral bending at 20 degrees, left lateral bending at 15 degrees with pain, right rotation at 60 degrees, and left rotation at 65 degrees with pain. The injured worker had a Spurling's sign positive for neck pain radiating to the levator scapulae and trapezius muscles. Neurological examination revealed intact sensation and deep tendon reflexes in the upper extremities. The physical examination of the lumbar spine revealed the injured worker's gait was mildly antalgic because of the low back pain. Straight leg raise was positive on the left. Medications were not included. The treatment plan is for an MRI of the cervical spine. The rationale for the request was not submitted. The Request for Authorization form was submitted on 07/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of The Cervical Spine: Upheld

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

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

Decision rationale: The request for Magnetic Resonance Imaging (MRI) of The Cervical Spine is not medically necessary. The injured worker complained on 07/24/2014 of pain to the cervical spine and lumbar spine, causing clicking, and symptoms worsened with pushing, repetitive use, pulling, and lifting. The CA MTUS/ACOEM Guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. There is a lack of documentation indicating significant or progressive neurological deficits. It was noted his reflexes and sensation were intact. There is a lack of documentation which demonstrates significant neurologic deficit is present upon physical examination. Therefore, the request for Magnetic Resonance Imaging (MRI) of The Cervical Spine is not medically necessary.