

Case Number:	CM14-0145989		
Date Assigned:	10/02/2014	Date of Injury:	05/02/2006
Decision Date:	10/28/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 & 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:

This 39 year-old patient sustained an injury on 5/2/06. Request(s) under consideration include MRI cervical spine. Diagnoses include carpal tunnel syndrome; cervical disc displacement; and lumbar disc displacement. Hand-written report of 6/11/14 from the provider noted the patient with ongoing constant chronic neck pain rated at 8-9/10 radiating to bilateral shoulders; bilateral wrist pain with intermittent numbness; low back pain; and left knee pain. Exam showed cervical spine with diffuse tenderness, swelling and spasm on left trapezius, left scapular region; limited range; weak grip bilaterally; positive Spurling's and pain on hyperextension. Treatment included orthopedic, psychiatric, and internist follow-up; medications; and update MRI of cervical spine. The request(s) for MRI cervical spine was denied on 8/22/14 citing guidelines criteria and lack of medical necessity.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition Chapter: Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-177-179.

Decision rationale: Submitted reports have not shown any clinical findings of radiculopathy or neurological deficits consistent with any dermatomal distribution of radiculopathy or myelopathy. Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms are persistent; however, none are demonstrated here. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic study. The MRI of Cervical Spine is not medically necessary.