

Case Number:	CM14-0147697		
Date Assigned:	09/15/2014	Date of Injury:	03/20/2001
Decision Date:	11/20/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/11/2014

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 and is licensed to practice in 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 claimant is a 44 years old male who sustained an industrial injury on 03/20/2001. The mechanism of injury was not submitted for review. His diagnoses include chronic neck pain, headaches, left shoulder pain, and paresthesias in the left arm. He continues to complain of neck pain, left shoulder pain, and headaches. On physical exam there was tenderness when palpating through the left superior trapezius and the left scapular area. There was good range of cervical motion and the Spurling's test was positive. Sensation was reduced in the left anterior forearm. DTRs and motor strength were intact in the upper extremities. Last cervical MRI was done in 2004. Treatment has consisted of medical therapy including prn Vicodin use. The treating provider has requested a repeat cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back, MRI

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 304.

Decision rationale: There is no documentation provided necessitating the requested cervical MRI. MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgical intervention. Cervical MRI imaging is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic or infectious pathology can be visualized. In this case, there is no history of increased cervical radiculopathy or physical exam evidence of any significant change in the neurologic exam since the cervical MRI obtained in 2004. Medical necessity for the requested cervical MRI has not been established. The requested service is not medically necessary.