

Case Number:	CM14-0149878		
Date Assigned:	09/24/2014	Date of Injury:	02/12/2001
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/15/2014

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 Texas. 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:

Medical records reflect the claimant is a 70 year old male sustained a work injury on 2-12-01. Office visit on 9-2-14 notes the claimant continues with left arm numbness. He denies any pain. On exam, the claimant has normal muscle strength in the upper extremities. Sensation is normal. DTR are 2+ in the upper and lower extremities bilaterally.

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 Page(s): 177-179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical spine - diagnostic investigations - MRI

Decision rationale: ACOEM notes MRI is recommended for patients with: -Acute cervical pain with progressive neurologic deficit; -Significant trauma with no improvement in significantly painful or debilitating symptoms; -A history of neoplasia (cancer); -Multiple neurological abnormalities that span more than one neurological root level -Previous neck surgery with increasing neurologic symptoms; -Fever with severe cervical pain; or - Symptoms or signs of

myelopathy. There is an absence in documentation noting that this claimant has neurological deficits on exam or symptoms and signs of myelopathy. Therefore, the medical necessity for the request of MRI cervical spine is not established.