

Case Number:	CM14-0180859		
Date Assigned:	11/05/2014	Date of Injury:	05/28/2014
Decision Date:	12/10/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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, has a subspecialty in Interventional Spine 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 patient is a 43 year old female with an injury date on 05/28/2014. Based on the 08/28/2014 progress report provided by [REDACTED] the diagnoses are: 1. Cervical spine sprain and strain, rule out cervical spine IVD syndrome with radiculopathy at C6-C7. According to this report, the patient complains of stiffness and spasm in the cervical spine with numbness and tingling, pain in the bilateral shoulder /hand/wrist and upper trapezius muscles strain. Physical exam reveals tenderness and spasms at the cervical spinous process, right cervical paravertebral muscles, and right anterior scalene muscles. Allen's test, cervical distraction, maximal foraminal compression and shoulder depression test are positive. Decreased sensation is noted at the right anterior forearm and posterior forearm. There were no other significant findings noted on this report. The utilization review denied the request on 10/07/2014. [REDACTED] is the requesting provider and he provided treatment reports from 05/08/2014 to 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective stand up MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter under MRI

Decision rationale: According to the 08/28/2014 report by [REDACTED] this patient presents with stiffness and spasm in the cervical spine with numbness and tingling, pain in the bilateral shoulder /hand/wrist and upper trapezius muscles strain. The treating physician is requesting retrospective stand up MRI of the cervical spine. Regarding standing C-spine MRI, ODG guidelines states "Not recommended. Standing magnetic resonance imaging (MRI) is considered experimental, investigational or unproven." Given the lack of support from ODG guidelines, recommendation is not medically necessary.