

Case Number:	CM14-0028558		
Date Assigned:	06/16/2014	Date of Injury:	12/04/2013
Decision Date:	10/09/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/06/2014

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 Orthopedic Surgery 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 44-year-old female who was reportedly injured on November 4, 2013. The mechanism of injury was noted as a fork lift running into her while working on some pallets causing injury to her neck and lower back. The most recent progress note, dated May 22, 2014 indicated that there were ongoing complaints of neck, back pains and both arms were hurting. Pain level was reported to be 8/10. The physical examination demonstrated cervical range of motion of flexion 30 degrees, extension of 20 degrees, rotation on the left of 30 degrees and extension of 40; range of motion of the lumbar spine with flexion of 75 degrees and extension of 15 degrees eliciting pain. Sensation and reflexes on palpation were not elicited. Diagnostic imaging studies included x-ray of the cervical spine (revealing anterior cervical spondylosis), left shoulder, left knee, elbow, thoracic spine and lumbar spine. There was also magnetic resonance imaging of the bilateral shoulders, lumbar spine and cervical spine. Previous treatment included physical therapy and medication. A request had been made for MRI of the cervical spine without contrast and was not certified in the pre-authorization process on February 12, 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 WITHOUT CONTRAST MATERIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the the documentation provided including symptoms and findings, the MRI is not recommended. According to MTUS guidelines, MRI is indicated for patients with progressive neurological deficits, signs of myelopathy, or fever with severe cervical pain. The last progress note fails to document any symptoms to support this study. Therefore, it is not medically necessary.