

Case Number:	CM14-0091600		
Date Assigned:	07/25/2014	Date of Injury:	02/21/2014
Decision Date:	09/25/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/17/2014

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, has a subspecialty in Orthopedic Sports Medicine 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:

The injured worker is a 48 year old male who was injured on 02/21/14 when a pickup truck backed into him, hitting him in the lower back. The injured worker complains of pain, tightness and spasms of the neck. The injured worker is diagnosed with sprain/strain of the c-spine. Treatment has included medication management. Clinical note dated 05/20/14 notes medication helps control pain and spasms. This note indicates examinaiton of the c-spine revealed decreased range of motion, spasms and tenderness. A request for an MRI fo the cervical spine is submitted. A utilizaion review determination dated 06/04/14 non-certified the request.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: ACOEM states, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms." Records do not reveal the injured worker has

attempted physical therapy. As such, failure to respond to conservative care is not revealed. Per guidelines, criteria for ordering imaging studies of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. Records do not indicate a surgery is planned or considered necessary and no invasive procedures are suggested. Examinations do not reveal the emergence of a red flag or evidence of neurologic dysfunction. Based on the clinical information provided, medical necessity of an MRI of the cervical spine is not medically necessary.