

Case Number:	CM15-0066368		
Date Assigned:	04/14/2015	Date of Injury:	02/27/2013
Decision Date:	05/14/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 53-year-old male, with a reported date of injury of 02/27/2013. The diagnoses regarding the cervical spine were not included in the medical records. Treatments to date for the cervical spine have not been included in the medical records. The progress report dated 03/13/2015 indicates that the injured worker complained of neck pain, bilateral upper extremity, and elbow pain. The objective findings include weakness, tenderness, and restricted range of motion (sites not specified). The treating physician requested an MRI of the cervical spine. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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): 165 - 188.

Decision rationale: The patient is a 53 year old male with an injury on 02/27/2013. He has neck, bilateral upper extremity and elbow pain. The diagnosis is not clear for the records. There is no clear documentation of red flag signs or change in the clinical findings. There is no documentation of any new trauma or injury. MTUS, ACOEM guidelines note that without red flag signs or a clear change in the clinical findings - both not documented - then the cervical MRI is not medically necessary. Based on the documentation provided for review, the requested cervical MRI is not medically necessary.