MAXIMUS Federal Services

Case Number:	CM13-0002324		
Date Assigned:	12/27/2013	Date of Injury:	08/15/2007
Decision Date:	02/13/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 physician 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 claimant is a 46 year old male presenting with neck pain following a work related injury on 8/15/07. The claimant reports neck pain radiating to the right upper extremity. The pain is associated with finger numbness and tingling, as well as bilateral shoulder pain with stiffness and upper and lower back pain. The claimant is status post right first rib for treatment of thoracic outlet syndrome. The physical exam was significant for decreased range of motion of the spine and bilateral shoulders with muscle spasms, paresthesia, and absent deep tendon reflexes on the right. He also has diminished deep tendon reflexes on the left, and Tinel's sign. Phalen's sign is positive on the right and impingement sign is positive bilaterally in the shoulders. The medical records note that MRI of the cervical spine was performed in 2008. The claimant was diagnosed with multi-level degenerative discs at the cervical spine, impingement syndrome at the right shoulder, impingement syndrome at the left shoulder, status post excision of the first right rib due to thoracic outlet syndrome, and degenerative disc at L5/S1 with radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in false positive findings. If physiologic evidence indicates tissue consult for nerve impairment, the practitioner can discuss with a consultant the flexion of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The enrollee had a previous MRI in 2008 to corroborate his symptoms at the time. Presently his symptoms remain unchanged and there is no history of new trauma. There is no indication for another cervical MRI; therefore it is not medically necessary.