MAXIMUS Federal Services

Case Number:	CM13-0009234		
Date Assigned:	10/11/2013	Date of Injury:	03/26/2013
Decision Date:	01/14/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/08/2013

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 Occupational Medicine 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 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 applicant has filed a claim for chronic low neck pain reportedly associated with an industrial injury of March 26, 2013. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of physical therapy over the life of the claim; and work restrictions. In a utilization review report dated July 17, 2013, the claims administrator denied a request for cervical MRI, citing the non-MTUS ODG guidelines. The applicant's attorney later appealed, on August 8, 2013. In a handwritten note dated July 2, 2013, the attending provider notes that the applicant has neck pain, exhibits decreased range of motion, exhibits tenderness to touch, and has 4/5 strength on manual muscle testing. The applicant is given a diagnosis of cervical myospasm, asked to obtain physical therapy and a cervical MRI, and returned to modified duty. Numerous other handwritten progress notes are provided. These notes are sparse and do not clearly detail the applicant's functional state. However, in a June 4, 2013 questionnaire, the applicant himself states that he is having weakness and numbness about the right arm, right hand, and right thumb. Of particular note are the comments of July 2, 2013 that the applicant reports numbness about the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor, and Official Disability

Guidelines/Integrated Treatment Guidelines - Disability Duration Guidelines/Work Loss Data Institute..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 8, table 8-8, MRI and/or CT imaging can be endorsed to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the documentation on file is sparse, handwritten, difficult to follow, and not entirely legible. Nevertheless, there is evidence that the applicant has diminished upper extremity strength. By his own self report, the applicant states that he is having numbness and weakness about the right hand and right thumb. This, coupled with the attending provider's documentation of 4/5 strength on manual muscle testing, does suggest that there is some evidence of nerve root compromise, for which MRI imaging is indicated to help delineate. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.