

Case Number:	CM13-0011747		
Date Assigned:	11/06/2013	Date of Injury:	07/21/2013
Decision Date:	01/23/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/09/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Ohio and 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 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 patient reported injury on 07/21/2013. The mechanism of injury was not provided. The diagnosis was noted to include cervical strain. The patient's physical examination revealed she had mild tenderness to palpation over bilateral trapezius and paraspinal muscles, muscle strength of 5/5, and the sensation and active range of motion (AROM) were noted to be fully intact. Request was made for an MRI of the cervical spine and a spine specialist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical: 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): 182.

Decision rationale: ACOEM Guidelines indicate that an MRI is recommended to validate the diagnosis of nerve root compromise based on a clear history and physical examination findings in preparation for an invasive procedure. Additionally, it is not indicated before 4 weeks to 6 weeks in the absence of red flags. The patient was noted to have a CT scan of the C-spine

without contrast on 07/21/2013, which revealed the alignment was normal, vertebral bodies were of normal stature, and odontoid and atlanto-axial joints were noted to be intact. The patient was noted to have no acute fractures. Prevertebral and paraspinal soft tissues were noted to be normal. There was a small disc protrusion at C5-6 which was abutting the cord without definite cord compression. The conclusion was stated to be no acute fracture and small central disc protrusion at C5-6. The office note dated 07/26/2013 stated the patient had subjective complaints of numbness and tingling at right versus left. The physical examination failed to provide objective findings. Additionally, the note dated 09/27/2013 indicated that the patient had a normal sensory examination and normal muscle strength of 5/5. It failed to indicate the patient had nerve compromise to support the necessity for an MRI. Given the above, the request for MRI Cervical is not medically necessary.

request for a spine specialist consultant: 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.

Decision rationale: ACOEM Guidelines recommend a referral for a surgical consultation is indicated in patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitations of more than 1 month or extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion has been shown to benefit from surgical repair in both the short and long term and unresolved radicular symptoms after having received conservative treatment. The clinical documentation submitted for review failed to provide the patient met the above criteria. Additionally, it failed to provide the patient had documentation of conservative treatment. Given the above, the request for spine specialist consultation is not medically necessary.