

Case Number:	CM13-0012498		
Date Assigned:	09/26/2013	Date of Injury:	08/18/2011
Decision Date:	05/05/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/16/2013

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 Physical Medicine & Rehabilitation 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 patient is a 54-year-old male who reported an injury on 08/18/2011. The mechanism of injury was noted to be the patient was moving a pallet of wooden furniture, and the parts started to slip off and struck the patient in the low back. The patient had electrodiagnostics of the upper extremities on 11/15/2012, which revealed an abnormal nerve conduction velocity study of the upper extremities, with the findings suggestive of the presence of bilateral carpal tunnel pathology. Additionally, it was indicated the patient had a 2-fold problem, 1 of acute and chronica cervical radiculopathy involving C5-6, greater on the left, and the other moderate bilateral carpal tunnel syndrome, slightly greater on the left side. The most recent documentation submitted with the request was dated 04/08/2013, and it indicated the patient had spinal tenderness at the spinous processes of C4-7, and there were paravertebral muscle spasms. There was spasms and tenderness of the bilateral trapezius muscles and scapular regions. The patient had decreased range of motion. There was a PR-2 dated 08/12/2013 that was of poor fax quality. However, it was indicated that the C spine MRI had been denied, and the patient had complaints of severe pain. The patient's diagnoses were noted to include lumbar disc displacement and rotator cuff syndrome NOS. The request was made for an updated cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

UPDATED CERVICAL MAGNETIC RESONANCE IMAGING (MRI): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK & UPPER BACK CHAPTER, MRI

Decision rationale: Official Disability Guidelines indicate that repeat MRIs are recommended for patients with a significant change in symptoms and/or findings suggestive of a significant pathology. The most recent physical examination submitted for review was dated 04/08/2013. There was a lack of documentation indicating there were significant objective dermatomal or myotomal findings and the official report for the prior MRI of the cervical spine was not provided. There was a lack of documentation indicating the patient had a significant change in symptoms as well as findings suggestive of a significant pathology. Given the above, the request for an updated Cervical MRI is not medically necessary.