

Case Number:	CM13-0016835		
Date Assigned:	12/27/2013	Date of Injury:	05/06/2008
Decision Date:	02/19/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/26/2013

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 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 patient is a 35-year-old female who reported a work-related injury on 05/06/2008 after attempting to contain a combative patient. The patient has complaints of neck pain and stiffness, left arm pain, right shoulder pain, right and left wrist pain, right and left elbow pain, and headaches. The patient has undergone acupuncture, injections, EMGs and MRIs of the neck and shoulder. Recent clinical documentation states the patient's shoulders still exhibited some impingement signs and sensorium of the arms was not checked, but arm strength was equal bilaterally times 3. An impression was noted as cervical degenerative disc disease, status post fusion procedure with ongoing with continued disability, right shoulder derangement, left shoulder derangement and pain, and symptoms of bilateral arm and hand sensory neuropathy.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Magnetic Resonance imaging (MRI)

Decision rationale: An MRI of the cervical spine dated 10/04/2013 revealed postsurgical changes at C5-7, disc bulging at C4-5 and no frank cord compression seen, disc bulge/spondylosis at C5-6, slightly extended toward the left, although no definite cord compression was seen as well. Per California Medical Treatment Guidelines, the criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. Official Disability Guidelines recommend that a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There were no neurologic deficit findings, per the physical exam, that would support a repeat cervical MRI. The patient's electrodiagnostic studies revealed abnormal bilateral upper extremity. The EMG and NCV studies suggest a bilateral median sensorimotor neuropathy as in carpal tunnel syndrome. There was no electrical evidence of a C5-6 radiculopathy and no objective findings in the submitted documentation for review to support a repeat MRI for the patient. As such, the request for MRI of the cervical spine without contrast is non-certified.