

Case Number:	CM13-0017492		
Date Assigned:	11/06/2013	Date of Injury:	05/06/2012
Decision Date:	01/24/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/28/2013

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 underlying date of injury in this case is 05/16/2012. This patient has been evaluated for ongoing pain and stiffness in the cervical spine, left shoulder, lumbar spine, and right hip with pain radiating into his left upper extremity and bilateral lower extremities. Cervical spine films of February 2013 demonstrated moderate disc space narrowing and hypertrophic changes at multiple levels. The patient has been diagnosed with a cervical sprain, rule out herniated nucleus pulposus, left shoulder strain, and rule out internal derangement. In a PR-2 report of 08/23/2013, the treating physician notes that the physician was awaiting the results of this Independent Medical Review. At that time, the patient reported pain in his neck, low back, shoulders, and hip. The objective findings on exam were noted to include "tenderness, decreased motion, decreased strength, and sensory deficit. Previously on 05/31/2013, the patient was noted to have decreased sensation over the anterolateral border and surface of the distal 4th right leg and foot and also decreased sensation to light touch and pinprick in the left upper extremity with a positive impingement sign and drop-arm and equivocal apprehension testing on the left. At that time, the treating physician recommended an MRI of the cervical spine to rule out any associated discopathy given the patient's clinical findings on exam and radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 178, 182.

Decision rationale: The ACOEM Guidelines state unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. The guidelines also recommend an MRI to validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for invasive procedure. The treating physician notes in a recent office note commenting upon a pending Independent Medical Review that the patient has decreased strength and decreased sensation. However, that note does not clearly indicate in what distribution the sensory changes and weakness may be. Overall none of the medical records outlined the specific nerve root level or otherwise specific pathology suspected on the MRI of the cervical spine. Therefore, the patient does not have specific findings or a specific differential diagnosis or red flags as would be required by the guidelines to support an indication for a cervical MRI. This request is not medically necessary.