MAXIMUS Federal Services

Case Number:	CM13-0018011		
Date Assigned:	11/06/2013	Date of Injury:	02/21/2003
Decision Date:	01/15/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

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 Orthopedic Surgery 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 50-year-old female who sustained injuries to her neck and upper extremities on 02/21/03. Clinical records for review include a recent 08/20/13 assessment from [redacted], [redacted]., indicating reported persistent pain of the upper extremities with radicular complaints. He describes radiating paresthesias to the right greater than left upper extremities. It states that recent treatment has included medications, citing recent request for electrodiagnostic studies have been denied and a request for an MRI scan is pending. Physical examination showed a positive right sided Spurling's test with a half grade weakness to the right biceps and pinch strength to the upper extremity compared to the left. Sensory examination and reflexive findings were normal. Range of motion was restricted. He indicates that the claimant is with a diagnosis of disc bulging at C5-6 per previous MRI report. Records for review include previous electrodiagnostic studies to the upper extremities from 03/28/11 showing residuals from prior right carpal tunnel release but no radicular findings. Previous contrast CT scan of the neck from 02/11/12 showed central stenosis moderately at C4-5 and to a milder degree to C2-3, C3-4, and C5-6 with no foraminal stenosis or other specific findings documented. The request at present is for a repeat MRI scan of the cervical spine for further assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: CA MTUS states, "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study". In this case prior imaging (CT and MRI) was performed revealing reported findings of cervical disc bulging and stenosis; electrodiagnostic testing was also carried out and reportedly negative for evidence of a radiculopathy. The available clinical information is not suggestive of neurologic changes or unequivocal findings that identify specific nerve compromise and as such, there is not a medical necessity for the requested cervical MRI.