MAXIMUS Federal Services

Case Number:	CM13-0022091		
Date Assigned:	03/19/2014	Date of Injury:	07/12/2007
Decision Date:	05/09/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/09/2013

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 Neurology, 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 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 injured worker is a 56 year old male with a reported date of injury of 7/12/2007. The Injured worker has subjective pain in the in the left wrist, both shoulders, and neck. With respect to the neck pain, he reports tenderness in the paravertebral muscles at C5, C6, and C7. There is no history provided in his progress notes to report a specific injury involving his neck. His physical examination is notable for decreased range of motion in flexion, extension, lateral flexion (both left and right), and rotation. His motor exam is notable only for decreased power (4+) in the right deltoid and is being evaluated for a rotator cuff injury. His reflexes in the upper extremities are 2+ in the biceps, triceps and brachioradialis. His Spurling's test and axial compression test are also reported as negative. Documentation provided for review shows results from two prior cervical spine MRI's, performed 7/21/10 and 1/5/12. The latter report indicates no changes from the 7/21/10 report. The 7/21/10 report indicates a mild disc space at C5-C6, which has slightly worsened in comparison to a previous MRI, which is not referenced by a date nor provided in the case file reviewed. The 7/21/10 report additionally shows a central and paracentral broad based disc protrusion at C5-C6, measuring a maximal of 3 mm in the AP diameter, with a moderate to severe right neural foraminal narrowing. At C6-7 there is a central, left paracentral and left neural foraminal combination of spur and disc extrusion greatest in the AP diameter causing moderate to severe left neural foraminal narrowing. Additionally, there have been no reported changes in the objective physical exam findings since the 7/21/10 MRI was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: ACOEM Guidelines indicate that imaging studies are appropriate when there is an emergence of a red flag; physiological evidence of a nerve dysfunction; a failure to progress in a strength program to avoid surgery; or anatomical clarification required before performing an invasive procedure. In this particular case, the injured worker has already had two previous cervical spine MRI's after his reported date of injury with no change in his Neurological exam to indicate the development of a neurological dysfunction or any other criteria warranting an additional study. Therefore, a cervical spine MRI is not medically necessary and appropriate