

Case Number:	CM13-0023490		
Date Assigned:	11/15/2013	Date of Injury:	11/09/2011
Decision Date:	01/03/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/12/2013

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 Family Practice 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Male claimant who sustained a work injury on 11/9/2011 after slipping and falling of an icy roof and landing on his neck and left shoulder. He subsequently developed continued neck pain and difficulty writing. He received, therapy, oral analgesics, and steroid injections. Due to persistent pain and failed conservative measures, on 11/7/2012, the beneficiary had a cervical discectomy. On 4/25/13, a urine drug screen was positive for cocaine. A primary treating physician's note on 6/25/13 stated the injury was permanent and stationary. An MRI of the C-Spine on 8/2/13 indicated moderate foraminal stenosis of the C4-C5 spine. On 9/6/13, the claimant received a cervical epidural injection, which resulted in 90% reduction in pain. An office visit on 10/16/13 with the primary treating physician noted increased neck pain. He was noted to complete chiropractic treatment and work hardening. The examination of the C-spine demonstrated limited range of motion and a positive Spurlings' test. The claimant was able to avoid pain medications since the epidural injections. The claimant was continued on his pain medications since they relieved his pain. No other interventions or treatment plans were indicated.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-188.

Decision rationale: According to the ACOEM guidelines, patients with persistent pain > 4-6 weeks after surgery and having persistent neurological findings on examination should receive consultation from a surgeon regarding possible imaging to define nerve root compression. In this case, the claimant had an MRI in Aug 2, 2013 followed by an epidural injection that provided significant relief. In addition, the ordering physician had withdrawn the requested MRI on 8/28/13 when determining that a prior MRI was ordered within the month. As a result, the request for an MRI of the cervical spine is not medically necessary.