

Case Number:	CM13-0023927		
Date Assigned:	11/15/2013	Date of Injury:	12/27/2011
Decision Date:	01/30/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/13/2013

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 and 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 55-year-old female who reported an injury on 12/27/2011 with the mechanism of injury being the patient was opening a large commercial glass door when it came off its hinges and fell onto her, knocking her backwards and striking her on the head, neck, and shoulder area. The patient was noted to have an MRI of the brachial plexus on 08/02/2012. The MRI revealed the patient had an incidental finding of C4-5 spondylitic and C4-5, C5-6 spondylosis. There was noted to be a large C4-5 herniation and C5-6 osteophytic spur with kyphotic deformity, and anterior kyphosis at the C4-5 level. There was noted to be only a T1 image and a limited sagittal which appeared to stop at C3. The patient was noted to have left shoulder deltoid and biceps region in the C3 through C6 distribution of sensory loss. The patient as noted to have motor strength deficit of 4/5 in the deltoid, biceps, trapezius, probably secondary to shoulder pain guarding. The patient's right biceps reflex was noted to be 1 and the left biceps was noted to be trace. The right triceps reflex was noted to be 1 and the left triceps reflex was noted to be absent. The brachioradialis was noted have trace reflex. The diagnoses were noted to include C4-5, C5-6 traumatic cervical spine injury secondary to impingement and cervical tension headaches. The request was made for magnetic resonance imaging (MRI) of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: ACOEM states "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures)." The clinical documentation submitted for review included the MRI of the brachial plexus with and without contrast. The MRI indicated there were degenerative changes in the mid, lower cervical spine. There appears to be a central disc protrusion and spondylosis at C4-5, mildly effacing the anterior aspect of the cord. Additionally, it was stated, "please note that the cervical spine is not fully visualized on this brachial plexus examination." The clinical documentation submitted for review indicated the patient had a previous scan; however, it was not a true repeat request as the previous request and previous MRI was noted to be an MRI of the brachial plexus with and without and it was noted that the cervical spine was not fully visualized on the brachial plexus examination. Additionally, the patient had objective findings of decreased reflexes, decreased sensory in the distribution of C3 through C6 and a decreased motor strength examination. Given the above, there is physiologic evidence of nerve impairment. Given the above and the objective examination findings, as well as the MRI report of the Brachial Plexus, the request for MRI of the cervical spine is medically necessary.