

Case Number:	CM13-0025895		
Date Assigned:	11/20/2013	Date of Injury:	09/23/2009
Decision Date:	01/22/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/18/2013

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 34-year-old gentleman who was injured in a work related accident on 09/23/09. Prior records for review include a previous MRI report of 12/17/09 showing left paracentral disc protrusion at the C6-7 level with possible compression of the exiting left C7 nerve root. There was also a disc protrusion at C5-6 mildly compressing the spinal cord with no significant canal narrowing noted otherwise. Clinical report with [REDACTED] on 05/28/13 indicates orthopedic follow up for complaints of left arm pain, weakness, and numbness. The claimant at that time was noted to be with full cervical range of motion with no documentation of a neurologic evaluation performed. He was diagnosed with a "cervical strain". Recommendations were for "updated MRI and EMG/nerve conduction studies" for further diagnostic interpretation. The claimant was also to continue with Celebrex and it was noted that a recent course of physical therapy had provided only temporary relief. Further assessment with [REDACTED] on 01/23/13 failed to demonstrate any neurologic findings. His request for an MRI scan was apparently denied with follow up request of 08/12/13 stating the claimant continues to be with thumb and index finger subjective dermatomal numbness with persistent pain down the left arm since time of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Neck and Upper Back, MRI, indications for imaging

Decision rationale: Based on California ACOEM Guidelines, MRI scans are only indicated with physiological evidence of tissue insult or neurologic dysfunction or failure to progress with strengthening program intended to avoid a surgical process. When taking into account the claimant's previous MRI findings, there is no current physical examination present that indicates significant difference in the claimant's current clinical presentation. When further looking at Official Disability Guidelines criteria, in regard to repeat imaging, it is typically not necessary and should only be reserved for significant changes in symptoms or findings suggestive of significant pathology. Lack of significant change in symptoms or significant pathology at present would fail to necessitate the role of repeat imaging in this claimant's current complaints of a cervical strain with no significant progression of findings on examination.