MAXIMUS Federal Services

Case Number:	CM13-0027829		
Date Assigned:	11/22/2013	Date of Injury:	10/12/2010
Decision Date:	02/04/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/23/2013

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 & Rehabilitation has a subspecialty in Interventional Spine 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:

A request for MRI of the cervical spine was denied per utilization review letter dated 09/18/2013. The reviewer states that it was not clear to him what the indication was, whether or not there was prior cervical surgery and then what other conservative treatments had been undertaken as well as prior cervical MRI. Treating physician reports from 02/21/2013 to 10/24/2013 were reviewed. On 06/06/2013, [redacted] handwritten note lists cervical strain postop "RT CT," bilateral shoulders, bilateral wrists, elbows, "LT CT, postop." Subjective complaints are left wrist severe pain, right wrist pain, neck constant pain, shoulder pain, arms, elbows. Exam is illegible, requests MRI. 08/22/2013 report is another handwritten report by [redacted]. [redacted]. It states, "Hold off on P&S since patient well." 09/26/2013 report has request PT for C-spine 2x4. Subjective complaints: Continues with stiffness/pain, pain down the arms to wrists with numbness and tingling to all fingers. Next report is 10/24/2013, PT for C-spine authorized. Patient will start next week. Reports from 02/21/2013, 03/28/2013 do not show any new findings. No discussion regarding MRI of the C-spine. There is a QME report dated 09/26/2011. The evaluator provided a comprehensive review of medical records, and I do not see any mention of 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:

MRI cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC.

Decision rationale: This patient presents with long-term neck, shoulder, wrist, elbow pains. The patient has had left carpal tunnel release on 11/08/2012. The treating physician, [redacted], in his handwritten report 06/06/2013 requested MRI of the C-spine. Review of all of the reports dating back to 01/17/2013 as well as QME report 09/26/2011 do not show that this patient has had MRI of the cervical spine. Reports are very sparse with handwritten documentation. However, the treating physician documents pain in the neck with radiation down into the elbows, arms, wrists with numbness and tingling. The patient has had adequate therapy and prolonged course of medication use. ACOEM Guidelines page 177 lists criteria for ordering imaging studies that include physiologic evidence of tissue insult or neurologic dysfunction. In this case, the radiating symptoms into the upper extremities may constitute physiologic evidence of nerve root insult with resulting radicular symptoms. When reading ODG Guidelines for indications of MRI for C-spine, it has chronic neck pain, radiographs show spondylosis with neurologic signs or symptoms present. In this case, the patient's C-spine showed spondylosis, and for neurologic symptoms, the patient has radiating pain into the upper extremities. Given that the patient has not had an MRI of the C-spine, recommendation is for authorization.