

Case Number:	CM13-0034344		
Date Assigned:	12/06/2013	Date of Injury:	04/13/2012
Decision Date:	02/28/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 : Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 77-year-old female who reported a work-related injury on 04/13/2012 as result of a fall. Subsequently, the patient presents for treatment of the bilateral shoulders and cervical spine pain. The clinical note dated 09/12/2013 documents the patient was seen under the care of [REDACTED] for her cervical spine complaints. The provider documents reports of complaints of pain to the cervical spine radiating to the bilateral upper extremities. Pain is rated at 6/10 to 7/10. The provider documents the patient is unable to move her neck. The patient reports utilizing medication, ice, and lying down and continues to have difficulty with range of motion of the neck. Upon physical exam of the patient's cervical spine decreased lordosis was evidenced; upon palpation, the patient had tenderness in the cervical spine and paraspinal muscles with stiffness and spasm. Range of motion was painful and restricted in flexion, extension, lateral rotation, and lateral bending. Spurling's test and Adson's test were both negative. The patient had radicular pain in the C5-6 distribution. The patient presented with the following diagnoses: post-concussive headache, myofascial sprain and strain of the cervical spine, degenerative disease of the cervical spine, rule out herniated nucleus pulposus, and cervical radiculopathy and osteoporosis. The provider recommended MRI of the cervical spine, as well as electrodiagnostic studies of the bilateral upper extremities. The patient was advised to continue with her present medication regimen and naproxen, gabapentin, Vicodin, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMRI without contrast R\O HNP QTY: 1.00: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with cervical spine and bilateral upper extremities pain complaints after a work-related fall with injury sustained in 04/2012. The clinical notes failed to document if the patient has previously undergone MRI or CT imaging of the cervical spine. In addition, the most recent physical exam of the patient failed to evidence any motor, neurological, or sensory deficit upon exam of the patient to support imaging of the cervical spine at this point in the patient's treatment. California MTUS/ACOEM indicates, "When neurologic examination is less clear however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." Given the lack of any motor, neurological, or sensory deficits on exam of the patient and documentation of whether or not the patient has previously undergone imaging of the cervical spine status post her work-related injury, the request for CMRI without contrast R\O HNP QTY: 1.00 is not medically necessary or appropriate.