

Case Number:	CM13-0037438		
Date Assigned:	12/13/2013	Date of Injury:	12/23/2010
Decision Date:	02/03/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

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 Texas. 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 51 year old male who reported a work related injury on 12/23/2010, as the result of a strain. Subsequently, the patient presents for treatment of the following diagnosis, cervicalgia. The clinical note dated 09/17/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient continues to present with low cervical and shoulder area pain complaints. The provider documents the patient utilizes Gralise, Cymbalta, and Norco 10/325 mg. The provider documented upon physical exam of the patient, 5/5 motor strength was noted with the exception of the left elbow flexion and left elbow extension at 4/5. Sensation exam revealed decrease in C6-7 dermatomes to the left. The provider documented that the patient reports Cymbalta is helping his mood and pain significantly. The provider documented x-rays of the cervical spine performed in clinic revealed loss of normal disc space decreased at C4-5. The provider recommended a new MRI of the cervical spine as the patient's last MRI was performed in 01/2011. The provider wants to fully evaluate the weakness to the patient's left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine without contrast: Upheld

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): 178.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence indications for a repeat imaging study of the patient's cervical spine at this point in the patient's treatment. The most recent MRI of the cervical spine was performed in 01/2011; however, the official imaging study report was not submitted for this review. The medical documentation submitted for review lacks evidence of presence of any red flags or severe or progressive neurological deficits. The patient's subjective complaints were evidences throughout the clinical notes submitted specifically for this review. Therefore, as the patient's current complaints appear to be chronic in nature and without an imaging study report of the patient's cervical spine, the request is not supported. California MTUS/ACOEM Guidelines indicate, "When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." Given all of the above, the request for MRI of cervical spine without contrast is not medically necessary or appropriate.