

Case Number:	CM13-0039301		
Date Assigned:	12/18/2013	Date of Injury:	01/12/2001
Decision Date:	06/27/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, 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 expert 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 50 year old male with a date of injury of 1/12/2001. The patient sustained an injury to the neck while repeatedly turning his head back and forth in the process of maneuvering his car. The patient was declared permanent and stationary on 01/08/2002 with diagnoses of cervical strain and right shoulder strain, specifically trapezial strain. At the time of that examination the patient was complaining of rare to occasional neck pain. He was no longer experiencing any radicular type symptoms in his upper extremities. An orthopedic medical consultation dated 8/29/2013, his first in ten years after the initial injury, lists patient's subjective complaints as continual intermittent pain in his neck with some radiation into the shoulders. Objective findings: No deformity, normal posture and normal muscle tone, tenderness in the lower cervical spine, guarding and moderate pain with range of motion of the cervical spine, normal motor and sensory exams, diminished reflexes in the biceps, triceps, and brachioradialis bilaterally, normal upper extremity exam. X-rays of the cervical spine taken at the time of examination revealed moderate to advanced collapse at C6-7 which had advanced considerably since the previous evaluation on 01/21/2001. According to the orthopedic surgeon, the patient has sought medical care on a private basis for occasional flareups of his cervical spine injury. He has apparently undergone physical therapy and taken medication which recently has become ineffective in treating his symptoms. Diagnostic Impression: 1. History of chronic recurrent cervical strain. 2. Progressive disease at C6-C7. 3. Possible progressive stenosis and/or disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF CERVICAL SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient has been treated by his primary treating physician over the course of the last 10 years with medication and an occasional course of physical therapy. Recently, the patient has developed more severe neck pain which is radiating into both shoulders. A recent cervical spine x-ray shows severe degenerative disc disease at C6-7. The Official Disability Guidelines recommend an MRI of the cervical spine if the patient has chronic neck pain, radiographs show spondylosis, and neurologic signs or symptoms are present. Clearly the patient has spondylosis at C6-7. This radiographic finding coupled with radiating pain to the shoulders and diminished reflexes on physical examination indicate that the shoulder pain may be radicular in origin. The request for a cervical MRI is medically necessary.