

Case Number:	CM13-0042736		
Date Assigned:	03/28/2014	Date of Injury:	09/11/2013
Decision Date:	04/25/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

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 56 year-old male who was injured on 09/11/2013 while working on dishwasher, felt stabbing pain in neck. Treatment history included physical therapy and medications like naproxen, gabapentin, and hydrocodone/acetaminophen. Diagnostic studies reviewed include XR spine cervical 3 views or less dated 09/11/2013 showed severe cervical spondylosis without acute fracture. XR spine cervical 3 views or less dated 10/04/2013 showed cervical spondylosis, reversal of the typical cervical lordosis. R XR forearm dated 10/04/2013 showed normal examination. L XR hand complete dated 10/04/2013 showed degenerative arthropathy. R XR hand complete dated 10/04/2013 showed degenerative arthropathy. L XR wrist complete 3 views or more dated 10/04/2013 showed degenerative arthropathy, no acute abnormality. EMG, nerve conduction velocity and F-wave latency studies dated 01/16/2014 showed abnormal study suggestive for bilateral carpal tunnel pathology, moderate in degree associated with electromyographic abnormalities suggestive for axonal involvement. No evidence of cervical radiculopathy. No ulnar and radial nerve conduction abnormalities were seen. Progress note dated 02/25/2014 documented the patient to have complaints of persistent neck pain. Objective findings on exam included limited range of motion, plus tenderness of posterior neck muscles. C-spine x-ray of neck showing severe spondylosis, and anterolisthesis. The patient was diagnosed with neck pain and MRI of C-spine was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, NECK AND UPPER BACK, 177-179

Decision rationale: This is a request for MRI of the cervical spine. There is documented chronic neck pain with failure of conservative care and observation, severe cervical spondylosis on XR, and neurologic symptoms. Therefore, cervical spine MRI is certified.