MAXIMUS Federal Services

Case Number:	CM13-0045457		
Date Assigned:	12/27/2013	Date of Injury:	02/27/2013
Decision Date:	02/19/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/23/2013

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 PM&R, has a subspecialty in Pain 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 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 injured worker is a 56-year-old male with a date of injury of February 27, 2013. The mechanism of injury occurred in the context of handling package. The patient's covered body regions include the left shoulder and cervical spine. Recent physical examination reveals that the patient continues to have cervical spine pain with decreased range of motion. Spurling's maneuver is negative as well as Adson's and Wright's maneuvers. The disputed issue is a request for cervical MRI. A utilization review decision on October 7, 2013 indicated that a cervical MRI was not warranted because "there were no objective findings to define the patient's improvement were significant enough to warrant imaging studies." The utilization review rationale also specified that the patient was receiving physical therapy was some improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-182,Chronic Pain Treatment Guidelines Code of Regulations Page(s): 4.

Decision rationale: "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure." It is further noted that physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The most relevant progress notes associated with the request for cervical MRI are the notes dated September 16, 2013 and October 7, 2013. The progress note on October 7, 2013 states that the patient has had "only temporary relief with his recent physical therapy." The progress note on September 16, 2013 continues to document evidence of tissue insult and neurologic dysfunction. Specifically on physical examination there is patchy, decreased sensation in the left upper extremity, most notably in the C6 and median nerve distribution. There is flattening and atrophy of the thenar pad with grade four of five strength. Cervical spine examination is reveals tenderness to palpation and decreased range of motion. There is increased pain with range of motion maneuvers. This documentation satisfies the ACOEM criteria of "Physiologic evidence of tissue insult or neurologic dysfunction" to warrant a cervical MRI. It is clear that the patient has made only limited progress in physical therapy to date. This request is recommended for certification.