

Case Number:	CM13-0048282		
Date Assigned:	12/27/2013	Date of Injury:	10/24/2011
Decision Date:	03/27/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 59-year-old male who sustained an injury on 10/24/2011 when the ties to his raincoat got stuck in a fan and pulled it tightly around his neck and choked him until he passed out. The QME dated 08/27/2013 indicated the patient underwent a CT scan of the cervical spine on 10/24/2011, which had the impression of no acute bony trauma. The documentation further indicated the patient underwent a CT scan of the head on 10/24/2011, which also had unremarkable findings. The patient underwent an EMG on 07/29/2013 of the upper extremities including the cervical paraspinal muscles. The findings of the EMG were abnormal nerve conduction velocity study and median nerve distribution on the right upper extremity, suggestive for carpal tunnel pathology. Right carpal tunnel pathologies were moderate in degree. The patient was seen on 09/24/2013 for continued headaches, neck, and upper and lower back pain. The patient additionally complained of anterior chest pain. The documentation indicated the patient had pain in both shoulders with sharp cramping pain in his right supraclavicular area. The objective findings of the examination indicated the patient had decreased range of motion to his cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI Of The Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for 1 MRI of the Cervical Spine is non-certified. ACOEM recommends the use of MRI for patients presenting with true neck or upper back problems after a 3 or 4-week period of conservative care and observation fails to improve symptoms. The documentation submitted for review indicated the patient had had chronic neck pain for longer than a 3 or 4-week period; however, the documentation submitted for review did not indicate the patient had a thorough conservative care plan. The documentation submitted for review did not indicate the patient had participated in physical therapy or other physical modalities for his neck pain. Furthermore, it noted the patient already underwent 2 diagnostic studies to include a CT of the cervical spine and an EMG of the upper extremities to include the cervical paraspinal muscles. The need for an additional diagnostic study is unclear. Given the information submitted for review, the request for 1 MRI of the Cervical Spine is non-certified.