

Case Number:	CM13-0048704		
Date Assigned:	12/27/2013	Date of Injury:	11/17/2011
Decision Date:	02/24/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 56-year-old female with date of injury on 11/17/2011. The progress report dated 10/24/2013 by [REDACTED] indicates that the patient's diagnosis includes: 1. Residuals of the cervical spondylosis with C4-C7 mild spinal stenosis. 2. Residuals of left cervical facet syndrome. 3. Left elbow strain from hyperextension by history. 4. Rule out cervical spinal instability/cervical rotation, vertigo. The patient reports occasional dizziness with neck movements especially with vertical motion. The patient continues with residual neck pain and has had a positive response with chiropractic treatment. Exam findings indicate the patient has decreased range of motion of the cervical spine but appears to be symmetric. There is cervical paraspinal spasm noted. There is positive left cervical facet maneuver. Negative bilateral Spurling maneuver. There is suprascapular spasm with left-sided myoedema. The patient had a nerve conduction study on 08/30/2012 with the impression of normal EMG and nerve conduction study of the left upper extremity. The progress report dated 09/19/2013 indicates that the patient and reported two episodes of vertigo-related to head and neck movements in the last 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-178.

Decision rationale: The records indicate that the patient has experienced occasional symptoms of vertigo and reports 2 episodes within a 6-week period of time. A request was made for the patient to see a neurologist for consult. The patient was sent for cervical x-rays to rule out spinal instability. The progress report dated 12/05/2013 states that the patient has not had a recurrent episode of dizziness in 2 weeks. The results of cervical x-rays had not yet been obtained and recommendation for the patient to undergo a cervical MRA through her private insurance was made. ACOEM Guidelines page 177, 178 regarding ordering imaging studies has the following criteria: 1. Emergence of red flags. 2. Physiologic evidence of tissue insult or neurologic dysfunction. 3. Failure to progress in a strengthening program intended to avoid surgery. 4. Clarification of anatomy prior to an invasive procedure. ACOEM, however, does not address MR angiogram of the C-spine and the brain that this patient is requesting. AETNA guidelines are quoted and MRA is recommended for "symptoms highly suggestive of vertebrobasilar syndrome (binocular vision loss, diplopia, dysarthria, dysphagia, positional vertigo)." In this patient, there is only two episodes of vertigo with no other symptoms reported. Vertebrobasilar syndrome is not "highly" suggestive in this case. Recommendation is for denial.