

Case Number:	CM13-0052488		
Date Assigned:	12/27/2013	Date of Injury:	10/08/2009
Decision Date:	03/06/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/28/2013

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 and Pain Management, has a subspecialty in Interventional Spine 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 47-year-old male. Date of injury on 10/08/2009. The listed diagnoses per 08/20/2013 report are: 1. Cervical radiculopathy. 2. Lumbar radiculopathy. 3. Right shoulder impingement syndrome. The presenting symptoms are low back, neck, and left shoulder pain at intensity of 8/10, numbness and tingling in 4th and 5th digits of the left hand as well as decreased grip. The patient is working light duty, and with work, pain is at 10/10 and has difficulty sleeping at nighttime. Examination showed paravertebral muscle tenderness, spasms, restricted range of motion, deep tendon reflexes were normal and symmetric, and sensation is grossly intact. The treating physician recommends updated MRI of the C-spine, lumbar spine, and left shoulder without contrast. Review of other reports show an EMG/NCV studies from 04/16/2013 which showed moderate bilateral carpal tunnel syndrome but no evidence of cervical and lumbar radiculopathy. The treating physician's initial report from 01/08/2013 makes reference to MRI of the C-spine, lumbar, and shoulder from 2010 and patient underwent left shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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: This presents with persistent neck, low back pains with some numbness and tingling extending into the upper extremities. The treating physician has asked for an updated MRI of the cervical spine. Review of the reports from 01/08/2013 to 12/16/2013 does not show that the treating physician mentions the findings of the previous MRI of the C-spine that was obtained in 2010. He makes reference to an MRI of the C-spine that was obtained in 2010, on his report 01/18/2013 when he first evaluated the patient. Currently, the treating physician has asked for an updated MRI given the patient's persistent symptoms. When reading ACOEM Guidelines, pages 177 and 178, it recommends imaging studies for emergence of 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. In this case, the current request does not satisfy any of these criteria. Furthermore, the patient already had an MRI in 2010. The treating physician does not discuss the findings in any of the reports. There is no evidence of new injury, significant change in the patient's neurologic presentation, no evidence of new or additional neurologic dysfunction. The patient's current numbness and tingling in the upper extremities are well explained by the carpal tunnel syndrome diagnosis evidenced by the electrodiagnostic studies that were obtained. The treating physician does not provide any specific reasons as to why an updated MRI is needed at this juncture. Recommendation is for denial.