MAXIMUS Federal Services

Case Number:	CM13-0053753		
Date Assigned:	12/30/2013	Date of Injury:	04/22/2013
Decision Date:	05/02/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery 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 injured worker is a 31-year-old male with a reported date of injury on 04/22/2013; the mechanism of injury was a lifting injury. Per the clinical note dated 10/30/2013, the injured worker reported head and neck pain, upper back pain, and right shoulder pain with tingling and weakness in the upper extremities. It was noted the day of the injury the injured worker had an MRI of unknown area and no results were provided for review and was prescribed pain medication, as well as 16 sessions of physical therapy and was advised to rest. The injured worker reported frequent, sharp, pulsating, and severe bilateral headaches. The pain to his neck was constant, sharp, burning, and severe on the right side and moderate on the left side with numbness and tingling into the right fingers. Upon physical exam, it was noted that the injured worker had gross tenderness of the posterior neck muscles on the right side and there were specific trigger points noticeable in the posterior neck areas on the right as well. Foraminal compression test was positive on the right side. Upon palpation, there was evidence of trapezial muscular spasms noted on the right side of the cervical spine. The injured worker had general muscle weakness secondary to pain on the right side and flexion, extension, right lateral flexion, and right rotation maneuvers demonstrated decreased strength of 4/5, as well as limitation of motion. Right lateral flexion and right rotation maneuvers caused moderate pain while flexion and external rotation caused mild pain. The injured workers medication regimen included Norco 10 mg 1 every 6 to 8 hours as needed for pain; Norflex 100 mg 1 twice a day as needed for muscle spasms. Diagnoses of a cervical sprain/strain; cervical myospasm was noted. Treat for the injured worker is to continue Norco as needed and Norflex twice a day as needed. MRI of the cervical spine and physical therapy three times a week for three weeks. All neurologic findings upon physical exam were noted to be normal.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 172.

Decision rationale: California MTUS/ACOEM states if a patient does not have red flags for serious conditions, the clinician can then determine which common musculoskeletal disorder is present. The criteria presented for the mechanism of illness or injury to unique symptoms and signs of a particular disorder, and finally, test results, if any, are needed to guide at this stage. Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 weeks' period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out and testing is not then needed within the documentation provided for review it was unclear if the injured worker experienced a significant change in physical symptoms. The documentation provided for review did not indicate whether the injured worker has undergone an adequate course of conservative care as well as the efficacy of any prior conservative care that the injured worker had per the clinical note. Therefore, the request is non-certified.