

Case Number:	CM13-0059104		
Date Assigned:	12/30/2013	Date of Injury:	09/12/2007
Decision Date:	05/07/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/29/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Arizona. 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 patient is a 52-year-old male with a date of injury on 9/12/07. This injured worker has complained of neck and shoulder and upper extremity pain as well as numbness and tingling in the hand since the injury of 2007. He has received significant treatment. He continues to use significant amount of medication for pain relief including opiates such as OxyContin and Fentanyl patch. He was disabled for a while; however he found a new job in Florida and has been traveling every 4 weeks. He has been receiving medication monthly by his pain management physician. A review of records from January, 2013 end of November, 2013 revealed persistence of neck and shoulder and arm pain. He has trouble sleeping due to numerous other complaints. Numbness and tingling has been complained at night. His examination has, according to the available records, revealed muscle strength 4/5 both arms. No documentation of reflexes or sensory examination. Detailed muscle testing was not provided. On 11/13/13, MRI of the cervical spine was requested by the treating physician. Medical reviewer following review of records spoke to be treating physician on 11/18/13. Physician provided history of this patient having increased numbness and tingling, waking up from discomfort at night. He underwent electromyography (EMG) in 2010. A new MRI of the cervical spine was recommended. It was denied by the reviewer based on MTUS guidelines.

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): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The available records do not provide objective evidence of cervical radiculopathy/dysfunction or spinal cord dysfunction/myelopathy. He has numbness and tingling in the hand at night which is not typical for cervical nerve root disease. Objective findings do not provide information regarding specific muscle groups. No reflex changes or sensory dysfunction to suggest that it is definitely a cervical nerve root problem. Examination has been the same over several months. Based on the conversation between the medical reviewer and the treating physician, it does not provide enough clinical evidence to support MRI of the cervical spine. ACOEM clearly state the need for special studies, diagnostic and treatment considerations. Based on these guidelines, there is not enough clinical evidence to support the need for MRI.