

Case Number:	CM13-0061351		
Date Assigned:	12/30/2013	Date of Injury:	11/27/2012
Decision Date:	04/04/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/05/2013

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 Occupational Medicine, 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 applicant is a [REDACTED] Company Inc., employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 27, 2012. Thus far, the applicant has been treated with the following: analgesic medications, transfer of care to and from various providers in various specialties, medications, and trigger point injection therapy. On August 3, 2013, the applicant was described as having multifocal pain, principally about the head, neck, and shoulders. The applicant had some mild weakness about the bilateral thumb musculature noted with the remainder of the upper extremity strength scored at 5/5. Cervical MRI imaging was endorsed, as some sort of cervical pathology was seemingly suspected in light of the applicant's persistent pain and dysfunction. A Medrol Dosepak was apparently issued for cervical radiculopathy. An earlier progress note of October 22, 2013 is notable for comments that the applicant reports persistent neck pain, low back pain, headaches, vertigo, intermittent nausea, and numbness about the arms. The applicant exhibits some cervical paraspinal tenderness and tenderness about the trapezius muscles. Diminished cervical range of motion is also noted. The applicant is described as having post concussive headache and vertigo symptoms with widespread upper body pain. The applicant is receiving trigger point injection therapy. The applicant is described as having paresthesias about the upper extremities. Cervical MRI imaging is endorsed to further evaluate the same. It is stated that the applicant does not have overt myelopathic findings but that he may have some early cervical cord injury which may be contributing to his head and neck complaints. Tramadol, Topamax, and Diamox are endorsed. Also noted on October 22, 2013 are comments that the applicant reports numbness, tingling, and paresthesias about the hands. The applicant had normal upper extremity reflexes.

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: Overturned

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): Table 8-8, page 182.

Decision rationale: The MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, state that MRI or CT Imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clinical history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant is described as having a suspected cervical myelopathy. It is stated that there may be some cervical cord contusion present. The applicant does have ongoing complaints of upper extremity pain and paresthesias. It is further noted that the applicant has issues with vertigo, again consistent with a possible diagnosis of cervical myelopathy. Diminished thumb strength was noted on a recent office visit, in addition to the applicant's ongoing issues with upper extremity paresthesias. MRI imaging to more clearly delineate the same and validate the allegation of nerve root compromise is indicated, appropriate, and supported by ACOEM. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.