

Case Number:	CM13-0061518		
Date Assigned:	12/30/2013	Date of Injury:	07/19/2011
Decision Date:	04/11/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/05/2013

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 Texas and Ohio. 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 59-year-old male who reported an injury on 07/19/2011. The mechanism of injury was noted to be a bicycle accident. The patient's diagnoses include cervical spondylosis with myelopathy and status post C5-6 fusion. The patient has reported symptoms of swelling and spasm in his right hand more than the left. His most recent office note provided dated 12/13/2013 indicated that the patient reported decreased ability to perform his ADLs due to diminished endurance and decreased hand function. His physical examination findings revealed decreased range of motion in his right fingers, motor strength 3+/5, vascular tone instability, and color changes. A recommendation has been made for an MRI of the cervical spine. Upon review of the medical records, the patient has been treated conservatively with acupuncture and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to ACOEM Guidelines, for most patients with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative and observation fails to improve symptoms. The criteria for ordering imaging studies are listed as the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. The clinical information submitted for review indicated that the patient has reported dysesthesia in his bilateral hands, with swelling, discoloration, vascular tone instability, and decreased motor strength in the right hand. However, the documentation does not provide specific details regarding any issues of neck pain or decrease range of motion. Additionally, it is not known whether the patient has failed an adequate course of conservative treatment, including physical therapy and/or home exercises as the majority of the records provided for review address the patient's nasal/sinus condition. The documentation did not contain evidence of a red flag condition related to the cervical spine, the documentation did not indicate that surgery was being discussed or that there was a plan for an invasive procedure. Additionally, the documentation did not make clear the patient's medical history including previous cervical spine symptoms in order to suggest that the patient's right hand symptoms are coming from his cervical spine. Therefore, in the absence of evidence of failure of conservative treatment including physical therapy and further details regarding the patient's neurological deficits, the request is non-certified.