

Case Number:	CM13-0064377		
Date Assigned:	01/03/2014	Date of Injury:	08/25/2012
Decision Date:	09/08/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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, has a subspecialty in Pain 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 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:

This is a 66-year-old male patient who reported an industrial injury on 8/25/2012, two years ago, to the neck and back after lifting luggage. The patient complained of neck pain radiating into the BUEs. The patient complained of paresthesias. The objective findings on examination included slightly diminished reflexes at the biceps and brachioradialis but normal findings at the bilateral triceps; Tinel's sign negative over cubital and carpal tunnels. There were no motor deficits on examination. The diagnosis was cervical spine sprain/strain; bilateral cervical spine radiculopathy; long-term use of medications; disorders sacrum; sciatica; lumbar disc displacement without myelopathy; chronic pain. It was noted that the patient had completed a functional restoration program. There is an MRI of the cervical spine dated 2/19/14 describing C4-5 and C5-6 marked disk degeneration with disk bulging causing moderate canal stenosis with mild cord compression and marked bilateral foraminal stenosis. There is no cord edema. At C6-7, there was marked degeneration causing borderline canal stenosis and marked bilateral foraminal stenosis. A prior electrodiagnostic study demonstrated bilateral C5-C6 radiculopathy. The request for the MRI the cervical spine was made in order to provide a rating report. The requesting provider documented that there was no treatment or surgery indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE MAGNETIC RESONANCE IMAGING (MRI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182; 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back MRI.

Decision rationale: It is noted that the patient has upper extremity radicular pain. There are diminished reflexes, provocative maneuvers for carpal tunnel syndrome at the wrist, and positive electrodiagnostic studies that show C5-6 radiculopathy bilaterally. The medical records were reviewed with no mention of an MRI prior to February of 2014. The California MTUS supports imaging studies with red flag conditions; 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 and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, the doctor has requested an MRI to provide an impairment rating. He states that he may not recommend surgical treatment or epidurals given the intensity of the patient's symptoms. If the imaging study is not intended for any specific treatment, the request is not medically necessary.