

Case Number:	CM13-0066002		
Date Assigned:	01/03/2014	Date of Injury:	11/04/2009
Decision Date:	05/12/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 38 year-old male sustained an injury on 11/4/09 while employed by [REDACTED]. Request under consideration is for MRI OF THE CERVICAL SPINE. Report of 12/4/13 from the provider noted patient with cervical spine pain, worse on right described as burning, stabbing and tightness rated at 4-6/10 pain scale. Other symptoms include sleep interruption; radiating pain to arms and hands with associated numbness. Exam showed slightly decreased lordosis; tenderness at pelvic brim and right sciatic notch; limited range in forward flexion of lumbar spine with flex/ext/rotation 60/15/20/25 degrees; positive Tarsal Tinel's on right medial plantar nerve; right shoulder with tightness and tenderness at paravertebral muscles and trapezius; cervical range with decreased range in all directions; 4/5 strength at biceps and triceps; carpal tinel's positive. Diagnoses include sprain/strain shoulder/arm, CTS, brachial neuritis/radiculitis and tarsal tunnel syndrome on right. Plan included Cervical spine MRI which was non-certified on 12/30/13 citing guidelines criteria and lack of medical necessity. Report of 1/6/14 noted complaints of neck and back symptoms rated 4-6/10. Exam showed cervical spine with tightness, tenderness right paravertebral musculature; limited range in all planes; biceps and triceps are rated 5/5 bilaterally with grasp rated 5/5 bilaterally. Plan included EMG of upper extremities with move forward for approval of MRI cervical spine

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): 177-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 8, 171-171, 177-179.

Decision rationale: ACOEM Treatment Guidelines for the Neck and Upper Back Disorders state that criteria for ordering imaging include Emergence of a red flag; 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication for the MRI of the Cervical spine nor documented any specific clinical findings to support this imaging study as the patient has intact motor strength, without deficits in DTRs, and sensation throughout bilateral upper extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the cervical spine is not medically necessary and appropriate.