MAXIMUS Federal Services

Case Number:	CM14-0002156		
Date Assigned:	01/24/2014	Date of Injury:	08/08/2011
Decision Date:	06/19/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 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 47 year-old male with date of injury 08/08/2011. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 12/04/2014, lists subjective complaints as severe neck pain, severe headaches, bilateral arm numbness and tingling, lower back pain, and right buttock pain. All symptoms are worsened with prolonged sitting, bending forward or backward, prolonged standing, and walking. Objective findings: Examination of the cervical spine revealed moderate to severe pain on palpation and decreased range of motion. Neurological examination of the upper extremities revealed 5/5 strength and symmetry in the deltoids, biceps, triceps, interossi, wrist flexors, wrist extensors, finger flexors and finger extensors. Hoffman's and Babinski were negative. There was numbness noted in the bilateral thumbs. Examination of the lumbar spine revealed mild pain on palpation but no significant muscle spasms. Range of motion was decreased. Neurological examination revealed 5/5 hip flexion, hip abduction, hip adduction, knee extension, hamstrings, EHL, tibialis anterior and gastrosoleus. There was normal sensation to light touch throughout bilateral lower extremities. Diagnosis: 1. Chronic intractable axial neck pain, significant headaches, bilateral trapezial pain, bilateral elbow pain, bilateral thumb numbness, bilateral ring finger and small finger numbness and tingling 2. June 1, 2012 cervical spine MRI revealed cervical kyphosis most notable at C3-4, C4-5, C5-6, and C6-7 with stenosis and moderate to severe C6-7 foraminal stenosis 3. Rule out cervical instability 4. Outdated cervical MRI with progressive symptoms since August 8, 2011 5. Chronic low back pain and right buttock pain with MRI June 1, 2012 without any significant abnormalities other than moderate bilateral L5 foraminal stenosis 6. Outdated lumbar MRI scan 7. Baseline tremor 8. Previous EMG studies bilateral upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI LS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: In the MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. At the time of the request for authorization, the patient does not exhibit any signs or symptoms of radiculopathy. The previous lumbar MRI, although over a year-old, showed some foraminal stenosis at L5-S1. Specifically, there is no evidence of nerve root dysfunction at this dermatome or myotome. A repeat MRI LS is not medically necessary.