

Case Number:	CM14-0004022		
Date Assigned:	01/31/2014	Date of Injury:	06/16/2012
Decision Date:	07/14/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine and Rehabilitation as well as Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 50 year old male who reported an injury on 06/16/2012 due to a fall. On 05/07/2013 the injured worker underwent cervical fusion, discectomy. Recently the injured worker had complained of worsening pain. He stated that he was improving up until last week when he did yard work 11/05/2013 and then when he was being intimate with his wife on 11/09/2013. Now the pain is worse again. The injured worker complained of pain to the posterior of the right cervical spine, medial right scapula and underneath the right scapula. The injured worker also complained that the pain deepened in the shoulder bilaterally. The injured worker rated his pain at an 8/10 on a VAS scale. Before this recent activity he rated his pain in the 2-3/10 range. Physical examination revealed Lumbar spine extension was 29 degrees on 10/16/2013, 28 degrees on 11/11/2013, flexion was 35 degrees on 10/16/2013, 36 degrees on 11/11/2013, rotation to the left was 54 degrees on 10/16/2013, 51 degrees on 11/11/2013, rotation to the right was 46 degrees on 10/16/2013 and 43 degrees on 11/11/2013. The injured worker has no current medications noted in report. The treatment plan is for cervical MRI. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: ACOEM Guidelines state 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms. Considering that guidelines recommend MRIs be done prior to surgery, repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The physical findings show a minuet change in range of motion in the injured worker. No significant changes. No evidence to warrant that there could be specific nerve changes. There was also a lack of documentation showing conservative care to be successful/unsuccessful. Furthermore, there was nothing indicating the use of any medications. The request for additional diagnostic studies would not be supported per ACOEM Guidelines. As such, the request for a cervical MRI is not medically necessary.