

Case Number:	CM14-0004061		
Date Assigned:	01/31/2014	Date of Injury:	02/08/2005
Decision Date:	06/19/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/08/2014

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 Family Medicine, and is licensed to practice in Arizona. 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 41 year old male with a date of injury 2/5/05. He has been treated for ongoing symptoms related to the low back and neck. Subjective complaints are of neck pain and radicular pain into the bilateral upper extremities that has increased. Physical exam reveals antalgic gait, tenderness in cervical and lumbar spine, decreased sensation and strength in the right upper extremity, and lower extremity straight leg raise test. An MRI from 2012 showed cervical disc herniations. Previous treatments have included medication, trigger point injections, acupuncture, and shockwave therapy, all of which provided temporary benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 8, 177-178

Decision rationale: The California MTUS supports a cervical MRI for patients 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 anatomy prior to procedure and definitive neurologic findings on physical examination, or electrodiagnostic studies. The ODG suggests that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. This patient's documentation did not suggest progressive cervical neurologic signs, and did not show evidence of "red flag" conditions. Furthermore, prior cervical MRI established pathology, and patient has not shown significant deterioration since then. Therefore, the medical necessity of a cervical MRI is not established.

ORTHOPEDIC SHOCKWAVE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The Official Disability Guidelines recommend extracorporeal shockwave therapy (ESWT) for shoulder pain from calcifying tendinitis. Other acknowledged uses for ESWT are for achilles tendon, patellar tendon, elbow tendons, and ankle and feet tendons. Guidelines do not support or suggest ESWT for cervical spine symptoms or radiculopathy. As such, the request is not medically necessary.