

Case Number:	CM14-0102144		
Date Assigned:	07/30/2014	Date of Injury:	04/25/2014
Decision Date:	09/24/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/02/2014

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 Geriatrics and is licensed to practice in New York. 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 57 year old man with a date of injury of 3/14/13. He was seen by his physician on 5/14/14 to follow up his chronic extremity pain with numbness and paresthesias. His symptoms were 'unchanged'. He had tightness and spasms of his neck with chronic numbness in his bilateral upper extremities along with bilateral leg/posterior calf to foot paresthesias. He reported EMG/NCVs had been performed in all extremities and that he had bilateral ulnar entrapment requiring surgery (which was not completed). He was also told he had bilateral rotator cuff tears surgically repaired in 2006-07. His physical exam showed that he was comfortable and moved with ease. He had no tenderness to his neck and mild spasm. He had pain with left rotation. He had no back tenderness or spasm. There was no focal weakness and sensation was intact to 'LT'. His diagnoses were chronic upper and lower extremity pain and neuropathy. He was provided with naprosyn, flexeril and ultracet. A cervical MRI was also requested which is at issue in this review.

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 Page(s): 172, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic extremity pain is for a MRI of the cervical spine. His symptoms were 'unchanged'. The records document a physical exam with pain with range of motion but normal sensation and strength. He had no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically indicated.