

Case Number:	CM14-0104497		
Date Assigned:	07/30/2014	Date of Injury:	04/11/2012
Decision Date:	09/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 59 year-old individual was reportedly injured on April 11, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 7, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities as well as neck pain, left upper extremity pain, and bilateral knee pain, the physical examination demonstrated cervical spine paraspinal tenderness spasms, and guarding. There was tenderness at the acromioclavicular joint and supraspinatus tendon of the bilateral shoulders. The right shoulder demonstrated painful range of motion and a positive impingement sign. Examination of the left elbow, wrist, and hand noted tenderness. Diagnostic imaging studies of the thoracic spine showed a disc protrusion at T6 - T7 and T7 - T8 impressing on the thecal sac. There was also a disc protrusion at T11 - T12. An MRI of the left shoulder noted status post rotator cuff changes and bursitis. A request had been made for an MRI, CT, an x-ray of the cervical spine with flexion and extension views and was not certified in the pre-authorization process on May 30, 2014.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online Version - Treatment Section for the Neck and Under the Heading of MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically sited).

Decision rationale: According to the American College of Occupational and Environmental Medicine an MRI the cervical spine is only indicated for individuals with neurological symptoms. The most recent progress note dated April 7, 2014, does not indicate any for extremity neurological findings. As such, this request for an MRI the cervical spine is not medically necessary.

CT 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 Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Neck and Upper Back (Acute & Chronic) - Computed Tomography (updated 08/04/14).

Decision rationale: According to the Official Disability Guidelines a CT of the cervical spine is not indicated in the absence of cervical spine trauma, findings on an x-ray, or a neurological deficit. The injured employee does not have any of these conditions. As such, this request for CT of the cervical spine is not medically necessary.

Cervical Spine Xray - AP Lateral Flexion and Extension Views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM: Current Edition; Cervical and Thoracic Spine Disorders, Clinical Measures: Diagnostic Investigations. (Electronically sited).

Decision rationale: The ACOEM practice guidelines support plain radiographs in patients with subacute or chronic neck pain when with red flags (e.g., dangerous mechanism of injury, age over 65 years, parenthesis in extremities) and not improving with conservative treatment. There are no red flags or neurological deficits documented on examination. Given the lack of clinical documentation, this request for an x-ray of the cervical spine to include flexion and extension views is not medically necessary.