

Case Number:	CM14-0010302		
Date Assigned:	02/21/2014	Date of Injury:	09/05/2013
Decision Date:	07/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/24/2014

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:

Patient is a 66-year-old male who has submitted a claim for cervical strain, and cervical degenerative disc disease associated with an industrial injury date of 09/05/2013. Medical records from 2013 were reviewed. Patient complained of pain at the neck and left shoulder, radiating to bilateral upper extremities, associated with numbness and tingling sensation. Physical examination revealed a normal cervicothoracic posture and muscle tone. Tenderness was present at the left cervical area. Range of motion of the cervical spine was guarded and pain was present at the extremes of motion. Left hand finger extensors and left triceps were weak. Hyporeflexia was noted at the left upper extremity. Positive impingement test at the left shoulder was noted. X-ray of the cervical spine (undated) disclosed slight-to-moderate mid-cervical degenerative changes with a slight kyphosis on flexion - extension. Treatment to date has included physical therapy, and medications. Utilization review from 01/06/2014 denied the request for MRI of the cervical spine without contrast because patient was not considered a surgical candidate to require such.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL (NECK) SPINE, WITHOUT DYE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: As stated on pages 179-180 of CA MTUS ACOEM Practice Guidelines, ordering of imaging studies is indicated when there is emergence of a red flag, and physiologic evidence of tissue insult or neurologic dysfunction. It is further noted that physiologic evidence may be in the form of definitive neurologic findings on physical examination, or electrodiagnostic studies. In this case, the rationale for MRI is because of patient's manifestations consistent with nerve impingement. Patient complained of persistent cervical pain radiating to bilateral upper extremities, left worse than right, associated with numbness and tingling sensation. Objective findings included limited range of motion, weakness of the left upper extremity muscles, and hyporeflexia. Patient has focal neurologic dysfunction. The guideline criteria were met. Therefore, the request for MRI OF THE CERVICAL (NECK) SPINE, WITHOUT DYE is medically necessary.