

Case Number:	CM14-0017144		
Date Assigned:	04/21/2014	Date of Injury:	09/08/2010
Decision Date:	08/04/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/11/2014

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:

This is a 37-year-old male patient with a 9/8/10 date of injury. 1/7/14 progress report indicates persistent neck pain with pain and numbness radiating down the bilateral arms. Physical exam demonstrates fairly diffuse weakness in the bilateral upper and lower extremities secondary to pain. There is significantly decreased sensation diffusely in the left lower limb. There is also diminished sensation in the bilateral upper extremities. The 12/16/14 progress report indicates persistent neck and back pain with numbness going down the bilateral arms. Physical exam demonstrates diffuse upper and lower extremity weakness secondary to pain, decreased sensation in the bilateral upper extremities. Treatment to date has included trigger point injections, lumbar decompression, lumbar ESI, acupuncture, massage, medication, and activity modification. There is documentation of a previous 1/14/14 adverse determination for lack of failure of three months of conservative care and lack of plain films.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (MAGNETIC RESONANCE IMAGING) OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

Decision rationale: CA MTUS supports imaging studies 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 the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. The findings reported were diffuse and non-specific for a specific nerve root level. In addition, plain films were not obtained. Therefore, the request for MRI (Magnetic Resonance Imaging) of the Cervical Spine is not medically necessary.