

Case Number:	CM14-0017284		
Date Assigned:	04/14/2014	Date of Injury:	05/04/2013
Decision Date:	05/30/2014	UR Denial Date:	01/29/2014
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 Internal 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 injured worker is a 42-year-old man who sustained a fall while working on 5/4/13. The injuries included a broken left wrist, broken ribs and neck and a head injury. He returned to work at full duty in 10/13. On 1/13/14 his primary provider noted that the injured worker continued to have ongoing pain in the neck and increasing paresthesias in both arms. The physical exam showed a negative Spurling test, increased pain in the neck with extension and rotation with equal deep tendon reflexes of one quarter (¼) in the bilateral upper extremities. Sensation was noted as intact and symmetric in the upper extremities. An MRI was ordered to further assess the symptoms. On 1/27/14, a utilization review denied an MRI of the cervical spine as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE CERVICAL SPINE WITHOUT DYE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: The injured worker suffers from chronic cervical pain and upper extremity paresthesias. The physical exam noted pain in the neck with extension and rotation, with intact and equal deep tendon reflexes (DTR) and sensation in the bilateral upper extremities. There is no documentation of a definitive neurological deficit. The MTUS/ACOEM Guidelines indicate that the criteria for ordering an MRI of the cervical spine due to pain includes the emergence of a red flag symptoms (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive, further physiologic evidence of nerve dysfunction can be obtained before ordering imaging studies. Such information can be obtained by an electromyography (EMG) or nerve conduction study (NCS). In this case the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. There is no surgical intervention planned and the injured worker is not participating in a strengthening program. An MRI of the cervical spine is not medically necessary.