

Case Number:	CM14-0017839		
Date Assigned:	04/16/2014	Date of Injury:	10/23/2012
Decision Date:	06/04/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/12/2014

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 and Rehabilitation 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:

The injured worker is a 40 year old male who reported an injury on 10/23/2013 due to a drill getting stuck and jerking both of his arms. Physical exam findings from the 11/26/2013 progress note showed tenderness with palpation along the cervical paraspinals and a negative Spurling's maneuver. Cervical range of motion was noted to be 75% of normal and reflexes were intact with no focal motor weakness. There was decreased sensation noted in the third and fourth digits of the left hand. Per the 01/07/2014 progress report, the injured worker reported left arm pain radiating into the forearm and into the third and fourth digits. His physical examination findings were unchanged from the previous visit. His current diagnoses included cervical radiculopathy, lumbar radiculopathy, left hand numbness, thoracolumbar sprain, and thoracic degenerative spondyloarthropathy. An MRI done on 01/23/2013 showed a left sided C6-C7 disc bulge with foraminal narrowing near the left L7 nerve root. Treatment to date included physical therapy, acupuncture, and medications. An MRI of the cervical spine was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation ODG NECK AND UPPER BACK (UPDATED 12/16/13), MAGNETIC RESONANCE IMAGING (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation ODG NECK AND UPPER BACK (UPDATED 12/16/13), MAGNETIC RESONANCE IMAGING (MRI).

Decision rationale: The request for an MRI of the cervical spine is non certified. Per the 11/26/2013 and 01/07/2014 progress notes, the injured worker demonstrated tenderness with palpation to the paraspinals, intact reflexes, no focal motor weakness, negative Spurling's maneuvers, and cervical range of motion at 75% of normal. An MRI done on 01/23/2013 showed C6-C7 disc bulge with foraminal narrowing near the left L7 nerve root. Treatment to date included physical therapy, acupuncture, and medications. ACOEM states imaging studies are not recommended until after a 4-6 week period of conservative care has been completed. Criteria for ordering imaging studies are: the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines further state, a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is no evidence of significant changes in clinical findings or progressive neurological deficits to warrant a repeat MRI. The medical records provided fail to establish the necessity for a repeat MRI. As such, the request is non certified.