MAXIMUS Federal Services

Case Number:	CM14-0125097		
Date Assigned:	08/11/2014	Date of Injury:	10/25/2009
Decision Date:	09/16/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 31-year-old male with a reported injury on 10/25/2009. The mechanism of injury was not provided. His diagnoses included disc degeneration of the lumbar spine and facet arthropathy, status post fifth metatarsal fractures, and spinal fracture which was being treated nonoperatively, disc degeneration of the cervical spine and spinal stenosis of the C4-5 and C5-6. The injured worker has had previous treatments of physical therapy and acupuncture. The efficacy of those previous treatments was not provided. It has been recorded that there was an MRI of unknown body part in 2009 and there was a CT of the brain in 2009 and the results of either one of those were not provided for review. He did have previous physical therapy treatment and activity modification but none of that really helped him. The injured worker had an examination on 06/30/2014 with complaints of neck pain and increased pain with prolonged sitting as well as leg pain. He also complained of headaches and stiffness and radiating pain into his left shoulder. He previously had a fifth metatarsal fracture. He is in a CAM walker and has been in it for a long period of time. Upon examination, the spinal examination showed the flexion at 40 degrees, extension was at 10 degrees, lateral bending was at 35 degrees, and lateral rotation was at 45 degrees. He had pain with extension and rotation. He had a motor examination of 5/5 on his lower extremities. There was not a specific cervical spine examination provided for review. The medication list was not provided. A recommended plan of treatment was for bilateral cervical epidural injections and an MRI of his cervical spine. There was a Request for Authorization that was signed although the date was not provided. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, magnetic resonance imaging.

Decision rationale: The ACOEM Guidelines recommend an MRI if physiologic evidence indicates tissue insult or nerve impairment. The Official Disability Guidelines recommend an MRI for chronic neck pain if, after 3 months of conservative treatment, radiographs are normal and neurological signs or symptoms are present. For chronic neck pain, if radiographs show spondylosis and neurological signs and symptoms are present. There is a lack of evidence that there was 3 months of conservative treatment such as physical therapy, home exercise program, and medications or the use of NSAIDs. The medication list was not provided. The injured worker did have physical therapy, but it was reported that it was not helpful. There exists no evidence that any radiographs have been provided for review. The injured worker did not have a diagnosis of spondylosis. There were no neurological signs or symptoms of neurological deficits presented on the examination. There is a lack of a clinical examination provided on the cervical spine. There is a lack of evidence of neurological deficits. The injured worker does have a history of cervical disc degeneration. But the clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for the MRI of the cervical spine is not medically necessary.