

Case Number:	CM14-0132227		
Date Assigned:	08/22/2014	Date of Injury:	03/16/2009
Decision Date:	09/24/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 44-year-old male who has submitted a claim for cervical radiculopathy and cervical disc disorder, status post right shoulder surgery (05/2010); associated with an industrial injury date of 03/16/2009. Medical records from 2010 to 2014 were reviewed and showed that patient complained of neck and arm pain with tingling and numbness in his extremities. Physical examination showed mild right upper extremity grip weakness. Biceps reflexes were absent. Decreased sensation was noted in the right C5 and C6 distributions. MRI of the cervical spine, dated 11/09/2012, revealed loss of intervertebral disc height and disc desiccation changes seen at C4-C5 and C5-C6 with straightening of the normal spine lordosis, mild to moderate lateral recess and neural foraminal stenosis at the levels of C4-C5 and C5-C6. Treatment to date has included medications, physical therapy, bilateral cervical facet block, and surgery as stated above. Utilization review, dated 08/02/2014, denied the request for MRI of the cervical spine because there was no progression of symptoms to warrant an MRI. Also, there was a lack of documentation of recent attempts at conservative treatments which have failed.

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 without contrast.: Upheld

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

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

Decision rationale: The California MTUS ACOEM guidelines support 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. In this case, patient has been complaining of neck and arm pain with tingling and numbness in his extremities. Physical examination showed mild right upper extremity grip weakness. Biceps reflexes were absent. Decreased sensation was noted in the right C5 and C6 distributions. However, there has been no discussion regarding progression of symptoms or planned surgical procedures to warrant repeat MRI of the cervical spine. Furthermore, the rationale for repeat MRI was not given. The guideline criteria have not been met. Therefore, the request for MRI of the cervical spine is not medically necessary.