

Case Number:	CM14-0136405		
Date Assigned:	09/03/2014	Date of Injury:	07/24/2003
Decision Date:	10/15/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family 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:

The patient is a 50-year-old male who has submitted a claim for cervical/trapezial musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain and right shoulder periscapular sprain/strain associated with an industrial injury date of 07/24/2003. Medical records from 2014 were reviewed and showed that the patient complained of intermittent moderate neck pain with radiation to the arms bilaterally with numbness and tingling. Patient complains of persistent moderate low back pain with radiation to the legs bilaterally, with numbness and tingling in the toes. Physical examination of the bilateral wrists/hands revealed tenderness to palpation. There are positive Tinel's and Phalen's signs on the right. There is weakness in grip strength. There is slightly restricted range of motion due to discomfort. Examination of the lumbosacral spine revealed increased tone and tenderness in the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of L5-S1 facets and greater sciatic notch. Muscle spasms are noted. Treatment to date has included oral medications and bilateral carpal tunnel releases. Utilization review dated 08/11/2014 denied the request for MRI of the cervical Spine because there is no indication that the patient has had any emergence of red flags and there is no documentation that the patient has participated in any recent physical therapy or conservative care programs in attempts for strengthening prior the requested procedure.

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: Overturned

Claims Administrator 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), Treatment Index, 11th Edition (web), 2014, Neck and Upper Back Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Magnetic Resonance Imaging (MRI)

Decision rationale: Pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS states that imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient complains of intermittent moderate neck pain with radiation to the arms bilaterally with numbness and tingling sensation. Physical examination revealed positive Tinel's and Phalen's signs on the right as well as weakness in grip strength. Patient has been prescribed Naproxen 550mg for pain and inflammation since July 2014 (3 months to date) but reports no relief. There is clear indication for cervical spine MRI at this time. Therefore, the request for MRI for the cervical spine is medically necessary.