

Case Number:	CM14-0139778		
Date Assigned:	09/15/2014	Date of Injury:	12/09/1997
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 54-year-old male who reported an injury due to repetitive motion on 12/09/1997. On an unknown date, he underwent a cervical fusion at the C3-4 and C4-5 levels due to loss of strength in his upper extremities. On 01/08/2014, he felt that his symptoms in his neck had worsened in the 6 months prior to the visit. His ranges of motion measured in degrees were forward flexion 5, extension 40, bilateral rotation 60, and lateral bending 40. His complaints included ongoing cervical pain, bilateral trapezius and shoulder pain with numbness in the left 5th finger (after using a keyboard for 1 hour). His diagnoses include cervical sprain/strain - rule out cervical radiculopathy. An electrodiagnostic study on 01/29/2014 revealed moderate bilateral carpal tunnel syndrome affecting sensory and motor components, without evidence of ongoing denervation and no evidence of cervical radiculopathy, brachial plexopathy, or peripheral neuropathy. He was receiving physical therapy treatments to his neck but was uncertain whether or not he was deriving any benefit therefrom. There was no rationale or Request for Authorization included in this worker's chart.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182.

Decision rationale: The California ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of pain and related symptoms carries a significant risk of diagnostic confusion including false positive test results, because of the possibility of identifying a finding that was present before symptoms began and therefore had no temporal association with the symptoms. False positive results have been found in up to 50% of those over age 40. MRIs are recommended for acute neck and upper back conditions when red flags for fracture, neurological defect associated with acute trauma, tumor, or infection are present. There was no evidence in the submitted documentation that this worker had any red flags for fracture, neurological defect associated with acute trauma, tumor, or infection. The clinical information submitted failed to meet the evidence based guidelines for MRI. Therefore this request for MRI of the cervical spine is not medically necessary.