MAXIMUS Federal Services

Case Number:	CM14-0185416		
Date Assigned:	11/13/2014	Date of Injury:	05/08/2012
Decision Date:	12/19/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/06/2014

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 & Rehabilitation, and is licensed to practice in Arizona & 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 48-year-old male who reported an injury on 05/08/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included herniated nucleus pulposus at C5-6 and C6-7, worsening left shoulder pain, low back pain, adjacent disc pathology at C4-5 and C3-4. The previous treatments included medication, physical therapy, modification of activity, epidural injection. Diagnostic testing included an EMG, an MRI of the cervical spine dated 04/10/2013, an MRI of the left shoulder on 07/06/2012. Within the clinical note dated 10/06/2014, it was reported the injured worker complained of neck pain, left upper extremity atrophy, weakness and numbness, back pain, left shoulder pain, and balance problems as a result of the cervical spine. The physical examination revealed the limited range of motion of the cervical spine secondary to pain and severe stiffness. The provider noted left upper extremity atrophy and weakness at 3/5 left brachioradialis and left triceps. The injured worker had a positive Spurling's test noted. There was tenderness noted at the elbow with limited range of motion. The provider requested an MRI of the cervical spine to evaluate disc herniation, nerve impingement, stenosis, annular tear, facet pathology, and an x-ray to evaluate for bony alignment of vertebrae and rule out instability. However, the Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray cervical spine, flexion/extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The request for x-ray cervical spine, flexion/extension views is not medically necessary. The California MTUS/ACOEM Guidelines state for most injured workers with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging includes emergence of red flags, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted did not indicate the provider suspected any red flag diagnoses or the intent to undergo surgery. Therefore, the request is not medically necessary.

MRI cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The request for an MRI cervical spine is medically necessary. The California MTUS/ACOEM Guidelines note that criteria for ordering imaging studies include emergence of red flags, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review indicates the injured worker had decreased sensation in the C6 and C7 distribution and has failed on conservative therapy. Therefore, the request is medically necessary.