

Case Number:	CM14-0025379		
Date Assigned:	06/11/2014	Date of Injury:	09/17/1999
Decision Date:	07/16/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Minnesota. 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 58 year old male who reported an injury on 09/17/1999 due to tripping on an air hose which caused him to fall. The injured worker had complaints of neck pain with pain radiating down the right upper extremity, low back pain. Pain is rated as 7/10 in intensity with medications, without medications 9/10. The injured worker also had complaints of increased pain with activity and walking. Pain is reported as worsened since last visit. The injured worker had an orthopedic evaluation on 12/11/2013 which showed range of motion flexion to 50 degrees, extension to 60 degrees, right/left lateral bending to 45/45 degrees, right/left rotation to 80/80. Thoracic/lumbar spine were positive for Milgrim's and Patrick's faber test bilaterally. Deep tendon reflexes were diminished bilaterally. Range of motion was restricted. Examination displayed positive findings in thoracic/lumbar spine. Diagnoses for the injured worker were lumbar spine disc herniation without myelopathy, cervical spine and thoracic spine degenerative joint disease/ degenerative disc disease, lumbar spinal stenosis, cervical myalgia, cervical myospasm, cervical spine sprain/strain, scoliosis, thoracalgia, thoracic myalgia, thoracic myospasm, lumbago, lumbar myalgia, lumbar myospasm, and lumbar spine sprain/strain. Past surgeries include cervical effusion in 2000, left shoulder surgery, left carpal tunnel repair, and left hip surgery. Medications being reported on this visit were Vicodin. Medications reported on 01/17/2014 were Lidocaine patch, gabapentin, hydrocodone, ketoprofen, MS Contin, Prilosec, senokot, Viagra, vitamin D, and voltaren gel. Treatment plan was to obtain MRI of the cervical, open with IV contrast. The rationale and authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL, OPEN WITH IV CONTRAST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

Decision rationale: The request for magnetic resonance imaging (MRI) of the cervical, open with IV contrast is non-certified. The document submitted for review lacks diagnostic studies such as most recent spinal x-rays, MRI of spine that was noted in the document but not submitted. The injured worker had no red flags on the cervical examination dated 12/11/2013 and on 01/17/2014. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) states criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program. The document submitted for review lacks reports from physical therapy, recent x-rays, last MRI, electromyography study or nerve conduction study. Therefore, the request is not medically necessary and appropriate.