

Case Number:	CM14-0028944		
Date Assigned:	04/09/2014	Date of Injury:	09/28/2009
Decision Date:	05/08/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 Sports 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 64-year-old female who reported an injury on 09/28/2009. The mechanism of injury was a fall. The note dated 11/21/2013 indicated the injured worker had complaints of neck, bilateral knees, left wrist, and right toe pain. The injured worker reported that she had been seen and treated at United Health Works for all of her injuries and had not undergone any MRIs. The injured worker reported significant neck pain without radiation or numbness of either upper extremity. Upon examination, it is noted there was no evidence of radiculopathy, myelopathy, or peripheral, motor, or sensory deficits. Sensation to light touch and proprioception was intact throughout all dermatomal distributions. The deep tendon reflexes of the quadriceps, Achilles, biceps, triceps, and brachioradialis are 2+ and equal bilaterally. There was no Hoffmann's or Babinski sign. It was noted upon exam, there was muscle spasm of the upper back in the right and left paraspinal region. It was noted x-rays of the cervical spine demonstrated significant osteoarthritis of multiple levels, disc disease. It was noted the diagnosis provided was cervical/multilevel disc disease. It was noted a cervical MRI was ordered to better assess the injured worker's pathology.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines

- Treatment in Workers' Compensation, Knee & Leg (Acute & Chronic) (updated 11/29/13)
Indications for imaging - MRI (magnetic resonance imaging)

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

Decision rationale: The request for MRI of the cervical spine is non-certified. The California MTUS/ACOEM Guidelines state that for most patients presenting 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. Criteria for ordering imaging studies or emergence of a red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of any anatomy prior to invasive surgery. Physiologic evidence may be in the form of definitive neurological findings on physical examination, electrodiagnostic studies, laboratory test, or bone scans. Unequivocal findings that identify specific nerve compromise on neurological examination are significant evidence to warrant imaging studies if symptoms persist. The records submitted for review indicated that the injured worker's neurological examination revealed no evidence of radiculopathy, myelopathy, or peripheral, nerve, or sensory deficits. The records submitted for review failed to include documentation of an emergent red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery. Furthermore, the records submitted for review failed to include documentation that the injured worker had failed all conservative care including physical therapy. As such, the request for MRI of the cervical spine is not supported. Therefore, the request is non-certified.