

Case Number:	CM14-0032505		
Date Assigned:	05/02/2014	Date of Injury:	08/26/2009
Decision Date:	06/09/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/11/2014

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 Occupational 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 an employee of [REDACTED] and has submitted a claim for herniated cervical disk with radiculopathy associated with an industrial injury date of August 26, 2009. Treatment to date has included physical therapy, and medications such as Norco, and Prilosec. Medical records from 2012 to 2013 were reviewed showing that patient complained of neck pain and left shoulder pain relieved upon intake of medications. Pain was aggravated by prolonged bending of the neck or rapid neck movement. This resulted in difficulty in dressing, cooking and doing household chores. Physical examination showed tightness, spasm, and muscle guarding at trapezius, sternocleidomastoid, and strap muscles, left greater than right. Muscle strength was 3/5 while deep tendon reflexes were 1+ at bilateral upper extremities. Range of motion of the cervical spine and lumbar spine was decreased on all planes. Cervical lordosis was decreased. Tinel's and Phalen's test were positive bilaterally. Physical examination of the lumbar spine showed tightness and spasm. Facet joint tenderness was elicited at the L3, L4, and L5 levels, bilaterally. There was weakness in the big toe dorsiflexors and big to plantarflexors. Ankle reflexes were graded 1/4. Gait pattern was characterized with a limp on the left leg. Sensation was diminished on hands and L4, L5 and S1 dermatomes bilaterally. EMG/NCV of bilateral upper extremities, dated April 4, 2011, was normal. EMG/NCV of bilateral lower extremities last 2011 was likewise normal. A utilization review from January 3, 2014 denied the request for MRI without contrast of the cervical spine due to absence of findings of derangement that would require advanced imaging.

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 WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical & Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): (s) 179-180.

Decision rationale: As stated on pages 179-180 of the ACOEM Guidelines, ordering of imaging studies is indicated when there is emergence of a red flag, and physiologic evidence of tissue insult or neurologic dysfunction. It is further noted that physiologic evidence may be in the form of definitive neurologic findings on physical examination, or electrodiagnostic studies. In this case, the rationale given for this request is to establish the presence of disc pathology. A progress report, dated October 18, 2013, cited that the patient had a previous MRI; however, the official results were not available for review. The exact date that the previous MRI was done is likewise unknown. There was no worsening of the subjective complaints, or physical examination findings compared to previous progress reports that would warrant a repeat MRI. The electrodiagnostic study of the upper extremities was likewise normal. The medical necessity has not been established. Therefore, the request for MRI of the cervical spine without contrast is not medically necessary.