

Case Number:	CM14-0039061		
Date Assigned:	06/27/2014	Date of Injury:	03/30/2012
Decision Date:	08/19/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/03/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 47-year-old male who was reportedly injured on 3/30/2012. The mechanism of injury was noted as a motor vehicle accident. The most recent progress notes dated 2/21/2014 and 3/10/2014, indicate that there were ongoing complaints of head, neck and upper back pains that radiated to the arms with associated tingling, numbness and weakness. Physical examination demonstrated tenderness over the cervical paraspinal muscles, cervical range motion: flexion 50, extension 20, rotation 25, side bending 30, normal alignment without asymmetry or kyphosis, positive Spurling's maneuver on the right, normal shoulder examination, motor strength 5/5 in upper extremities bilaterally, diminished sensation in right C7 and C8 dermatomes and reflexes symmetrical 1+/-4 in upper/lower extremities. An electromyogram/nerve conduction study of the upper extremities, dated 7/15/2013, demonstrated findings consistent with a cervical radiculopathy involving the bilateral C5-C6 nerve roots. Magnetic resonance image (MRI) of the cervical spine, dated 8/16/2013, demonstrated hypolordosis/mild kyphosis that worsened on flexion and did not improve on extension, C3-C4 disc space narrowing and reactive endplate changes. Previous treatment included physical therapy, acupuncture, and medications to include OxyContin 20 mg, Norco 10/325 mg, Effexor ER 75 mg and Trazodone 50 mg. A request had been made for an MRI scan of the cervical spine and was not certified in the utilization review on 3/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Scan Cervical Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically sited).

Decision rationale: ACOEM Guidelines support repeating a magnetic resonance image (MRI) of the cervical spine for significant or new radicular or myelopathy symptoms, if both the patient and surgeon are considering prompt surgical treatment and the previous MRI is more than 6 months old. Review of the available medical records included an MRI of the cervical spine, dated 8/16/2013, which is noted as poor quality. An electromyogram/nerve conduction study, dated 7/15/2013, showed a C5-C6 cervical radiculopathy, and cervical spine surgery was discussed with the patient at a previous visit. As such, this request is considered medically necessary.