

Case Number:	CM14-0055500		
Date Assigned:	07/09/2014	Date of Injury:	03/12/2010
Decision Date:	09/03/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/24/2014

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 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 41 year old male who sustained an injury to his neck on 3/12/10 due to cumulative trauma while performing his usual and customary duties as a transit operator. An MRI of the cervical spine dated 10/27/10 demonstrated presence of disc protrusion with annular tear involving C3-4, and disc bulges at C4-5 and C5-6. EMG/NCS reportedly revealed presence of left carpal tunnel syndrome and right median branch neuropathy in the forearm. A clinical note dated 4/10/14 reported that the injured worker was overall starting to improve very slowly. The injured worker had left sided neck pain treatment to date included NSAIDs, physical therapy, chiropractic treatments, modification of activity, and bilateral C7-T1 cervical facet injections on 8/21/13 that provided very good pain relief post-injection. Physical examination noted normal posture; pain to palpation over C3-4, C4-5, and C7-T1; palpable paraspinal muscle spasms; pain over C4-5 and C5-6; pain to palpation over C7-T1 facet joints; range of motion limited secondary to pain with flexion 80%, extension 50%, and side to side bending 60% of normal bilaterally; motor strength 4/5 in the left biceps, triceps, and brachioradialis, otherwise 5/5 bilaterally; slight decreased left upper extremity sensory; deep tendon reflexes 1+ in left biceps, 2+ on the right side; Spurling test positive.

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 8 Neck and Upper Back Complaints Page(s): 178 &182. Decision based on Non-MTUS Citation The Official Disability Guidelines, Treatment in Workers Comp Pain section online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI).

Decision rationale: The request for MRI of the cervical spine is not medically necessary. The previous request was denied on the basis that a review of the prior records did not show evidence of new onset of symptoms or progressive neurological deficits and cited guidelines are not met for a repeat cervical MRI. The reviewer stated on review of prior MRI and record documenting objective exam findings, there were no new symptomatic complaints, signs, or objective neurological findings suggestive of significant new cervical pathology since previous MRI. There was no mention that a surgical intervention was anticipated. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no additional significant red flags identified that would warrant a repeat study. Given this, the request is not indicated as medically necessary.