

Case Number:	CM14-0058896		
Date Assigned:	07/02/2014	Date of Injury:	02/15/2012
Decision Date:	08/22/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 injured worker is a 52-year-old male who reported an injury on 02/15/2012. The mechanism of injury was not provided in the medical records. He is diagnosed with cervical degenerative disc disease. His past treatments were not specified within the submitted medical records. On 03/25/2014, the injured worker complained of neck pain with radiation down the bilateral lower extremities, rated 6/10 to 8/10. His physical examination revealed tenderness to palpation of the cervical paravertebral muscles, decreased sensation in a C7 and C8 distribution bilaterally, decreased range of motion of the cervical spine, positive facet loading, decreased motor strength in elbow flexion and extension bilaterally, and normal deep tendon reflexes in the bilateral upper extremities. His medications were noted to include Motrin, Restoril, Amlodipine-Benazepril, Aspirin, Hydrochlorothiazide, and Simvastatin. The treatment plan included an MRI of the cervical spine due to advancing weakness and sensory changes over the past 2 to 3 weeks, as he was noted to have normal motor strength and sensation at his previous visit on 03/10/2014. The Request for Authorization form was not submitted in the medical records.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the California MTUS/ACOEM Guidelines, special studies and diagnostic tests are not needed until after a 3 or 4 week period of conservative care and observation fails to improve symptoms. The guidelines further state that unequivocal findings suggestive of specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. The clinical information submitted for review indicates that an MRI was recommended, based on the patient's progressive neurological deficits. He was shown on his physical examination on 03/10/2014 to have normal sensation and motor strength, and upon examination on 03/25/2014, he had decreased sensation in a bilateral C7-8 distribution and mildly decreased motor strength to 4+/5 in the bilateral elbows in flexion and extension. However, the documentation failed to indicate specific red flags, as his neurological deficits were noted to be mild. In addition, as the injured worker's injury was noted to have occurred in 2012, previous documentation would be needed, including a previous cervical MRI, if the injured worker has had one, and physical examination findings in order to establish a significant change in clinical presentation with findings suggestive of new pathology from previous MRI. Moreover, there was no documentation regarding past treatments and whether the injured worker has been treated with an adequate course of conservative therapy prior to the requested diagnostic testing. For the reasons noted above, the request is not medically necessary.