

Case Number:	CM14-0075574		
Date Assigned:	07/16/2014	Date of Injury:	09/03/2013
Decision Date:	09/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/23/2014

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 Family Practice and is licensed to practice in North Carolina. 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 a 39-year-old with a reported date of injury of 09/03/2013. The patient has the diagnoses of cervical strain, cervical spinal stenosis and cervical radiculopathy. Per the most recent progress notes provided by the primary treating physician dated 05/02/2014, the patient had complaints of neck pain radiating down the right arm. The physical exam noted restricted range of motion in the cervical spine, cervical paravertebral muscle tenderness to palpation with spasm, positive Spurlings' maneuver and decreased light touch sensation on the right finger, little finger, medial hand and lateral shoulder on the right side. Treatment recommendations included physical therapy, pain psychology. Medication modification and wait for outside MRI reports for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Neck Spine without dye: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 -265.

Decision rationale: The ACOEM chapter on neck complaints and special studies states the following criteria for imaging: - Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction- Failure to progress in a strengthening program intended to avoid surgery- Clarification of the anatomy prior to an invasive procedure Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. The provided documentation states that there is decreased sensation on the right finger, little finger, medial hand and lateral shoulder in the C5 distribution. This constitutes definitive neurologic findings on the physical exam. Thus the physical exam documentation meets the criteria of physiologic evidence of neurologic dysfunction and thus the request meets guideline and is medically necessary.