

Case Number:	CM14-0080239		
Date Assigned:	07/18/2014	Date of Injury:	03/25/2013
Decision Date:	09/23/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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 Orthopedic Surgery 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 63 year old male who sustained an injury to his neck on 03/25/13 while cutting branches on grapevines with a large pair of pruning clippers; reported onset of pain approximately three hours after beginning work that day and immediately after he cut a specific branch. MRI of the cervical spine dated 07/31/13 revealed marked cervicothoracic scoliosis; primarily limited the evaluation through the region although no cord encroachment was identified; CT scan through the cervicothoracic junction maybe of value and better delineated anatomy; hypertrophic changes at C4-5 on the right causing mild spondylosis, but with patent neural foramina; similar findings on the right at C5-6. Clinical note dated 11/25/13 reported that the injured worker complained of neck pain 7-8/10 VAS. Physical examination of the cervical spine noted range of motion full in all planes; inspection noted normal alignment without asymmetry of or kyphosis; negative Spurling maneuver bilaterally; normal bulk and tone in all muscle groups of bilateral upper extremities; no atrophy; motor strength 5/5 throughout, except 4/5 on left shoulder abduction and left grip strength; diminished sensation in the left L5-S1 dermatomes of the lower extremities; reflexes symmetric at 1+/4 in bilateral upper extremities. The injured worker was diagnosed with lumbago and recommended for repeat cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) cervical spine: Upheld

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 & Upper back (updated 04/14/2014), Magnetic Resonant Imaging (MRI).

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: Previous request was denied on the basis that the injured worker already underwent cervical MRI on 08/02/13. It was not clear if the symptoms are new or worsening. Previous MRI was contrary to what was noted in the record from 04/17/14. Results from previous MRI were not ideal due to the scoliosis and CT scan was recommended. There was no report of a new acute injury or exacerbation of previous scenting symptoms. There was no mention that a surgical procedure was anticipated. No information was submitted indicating progressive neurological deficit. There were no additional red flags identified that would warrant a repeat study. Given this, the request for MRI of the cervical spine is not indicated as medically necessary.