

Case Number:	CM13-0057834		
Date Assigned:	12/30/2013	Date of Injury:	02/02/2006
Decision Date:	01/22/2015	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 55-year-old male with a date of injury of 10/25/2013. According to progress report 10/30/2013, the patient presents for a follow-up regarding his complaints of neck and low back pain. The patient states that his neck is stiff and is causing headaches. He also states that his low back has "tightening and pain." Low back pain is rated as 8/10 and neck pain is rated as 6/10. The patient's current medications are Motrin, Flexeril, Norco, lidocaine patches. The patient is currently working and is permanent and stationary. Objective findings notes "positive triggers C/5. ROM-10 C/O stiff. Gait SYMM." Treatment plan is for an MRI of the cervical spine. This progress report is the only report provided that is dated prior to the utilization review denial letter from 11/21/2013. Progress report dated 01/06/2014, which is after the utilization review denial, indicates the patient continues with cervical and lumbar spine complaints with decreased range of motion in all directions. Examination notes "SLRR. Hamstring 4/5." The patient notes "he is extremely stiff and it radiates down the legs."

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): 177. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Procedure Summary, Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

Decision rationale: This patient presents with neck and low back pain. The current request is for MRI of the cervical spine. The patient was rear-ended and injured on 10/25/2013. The patient presented for initial consultation on 10/30/2013 with continued neck and low back pain, which radiates down the legs. The treating physician recommended MRI of the lumbar and cervical spine. There is decreased range of motion, positive Spurling's, and headaches. For special diagnostics, the ACOEM Guidelines states, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering imaging study." In this case, there are no concerns for tumor, infection, dislocation, myelopathy, or any other red flag conditions. The patient has evidence of some stiffness, but there are no progressive neurological deficit noted. There are no radicular symptoms described either. In addition, the request was made 5 days post injury and ACOEM states imaging is warranted in patients with positive exam findings and "who do not respond well to treatment.." The requested MRI of the cervical spine is not medically necessary.