

Case Number:	CM14-0115366		
Date Assigned:	08/04/2014	Date of Injury:	04/14/2014
Decision Date:	04/03/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old male, who reported experiencing a cramp in his lower back while lifting a heavy wall frame on 04/14/2014. Diagnosis was cervical radiculitis, cervical sprain/strain, Sacral or Thoracic Neuritis or Radiculitis, Lumbar Sprain/Strain, and Myofascial Pain. The injured worker was treated with Tramadol (50mg BID), Topiramate (25mg prn), and LidoPro cream for pain control. No diagnostics or surgical history was noted. Subjectively the pain is described as an intermittent burning sensation, which feels tense and pops, worse with activity, occasionally radiates to the bilateral lower extremities, left greater than right with weakness to the feet bilaterally, left greater than right. Occasionally, there is numbness and tingling in the neck and upper back pain is worse with activity. Physical exam of the injured worker revealed an abnormal gait, tenderness and spasm of the thoracolumbar spine and paravertebral musculature. There was also restricted motion of the knee, Straight leg and Waddell's sign were positive. The injured worker has been treated with chiropractic therapy 3 times a week for 2 weeks, and with one successful trial with a TENS unit for 15 minutes that decreased the patient's pain to a 1/10. An MRI of the cervical spine was requested.

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): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166-167.

Decision rationale: According to Ca MTUS guidelines, thorough clinical histories and focused physical examinations are sufficient for assessing a patient complaining of work-related neck or upper back symptoms. Certain findings in the assessment raise suspicion of serious underlying medical conditions; (fracture, tumor, infection, cervical cord compromise) and their absence rules out the need for special studies. Findings of the medical history and physical examination also may alert the clinician to other pathology (not of neck or upper back origin) that can present as neck or upper back complaints. The medical necessity for the MRI of the cervical spine is not supported since there are no findings in the assessment that would raise suspicion for serious or underlying medical conditions referred to as red flags. If physiologic evidence in the form of definitive neurologic findings on physical exam are found electrodiagnostic studies, laboratory tests, or bone scans can be done. However, according to Ca MTUS/ACOEM guidelines patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. This patient has not had conservative care with physical therapy or medication regimen lasting at least three weeks. Therefore, medical necessity for MRI is not supported at this time.