

Case Number:	CM14-0202946		
Date Assigned:	12/15/2014	Date of Injury:	04/16/2009
Decision Date:	01/31/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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 New Jersey. 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 worker is a 40 year old female who was injured on 4/16/2009 during a motor vehicle accident. She was diagnosed with lumbar sprain/strain, diplopia, headache, vertigo, temporomandibular joint disorder, cervical degenerative disc disease, postconcussion syndrome, and lumbar degenerative disc disease. She was treated with medications, physical therapy, rest, and injection to her leg. On 10/27/14, the worker was seen by her pain specialist reporting continual pain in her head, neck, bilateral shoulder girdle, chest wall, bilateral arms, mid-back, low back, bilateral buttock, and bilateral leg pain (mostly right side). She rated her pain at 7/10 on the pain scale. She also reported numbness in her right foot, right hand, and right leg. Physical examination findings included antalgic gait, straightening of the normal cervical lordosis, myofascial tenderness over the lumbar muscles, 2+ reflexes of upper and lower extremities, no muscle weakness, and numbness in a non-dermatomal distribution of the right upper extremity and right lower extremity. She was then recommended to complete a cervical MRI, a lumbar MRI, and additional physical therapy.

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): 177-179.

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

Decision rationale: The California MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was insufficient evidence for the diagnosis of cervical radiculopathy found on physical examination (numbness in non-dermatomal pattern of right hand), and there was also no evidence of a red flag diagnosis based on the worker's presentation and physical examination findings, and no reasoning for getting the cervical MRI was included in the progress note provided for review. Without clear evidence for cervical neurological insult, the MRI of the cervical spine is medically unnecessary and is not likely to aid in the treatment of this worker.