

Case Number:	CM14-0203653		
Date Assigned:	12/16/2014	Date of Injury:	10/04/2012
Decision Date:	02/06/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/05/2014

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 Florida. 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 37-year-old male with a date of injury of 10/4/2012. The mechanism of injury is described as continuous trauma due to heavy lifting that was required at his former job. Current diagnoses include: cervical radiculitis, chronic pain, lumbar radiculopathy, right knee pain. He had a normal EMG study of the left upper extremity in 3/2014. He has previously had MRIs performed in 2012 of the left shoulder, right knee, and lumbar spine. He has previously been treated with chiropractic therapy, acupuncture, epidural steroid injection at L4-S1 that provided minimal relief, and medications. A 10/17/2014 physical exam revealed spinal vertebral tenderness at C5-C7 levels, range of motion slightly to moderately limited, and pain was significantly increased with flexion, extension, and rotation. Sensory examination revealed decreased sensation in the left upper extremity along the affected C6-C7 dermatome. Upper extremity examination revealed tenderness to palpation at the left shoulder with range of motion decreased in this shoulder due to pain. Regarding work status, the patient is currently noted to be unemployed. Subjectively this patient complained of pain that radiated from his neck into his left upper extremity. The pain management physician requested an MRI of the cervical spine given the patient's persistent pain and symptoms. A utilization review physician did not certify the request for the MRI of the cervical spine, and therefore, an independent medical review was requested to determine medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the cervical spine without contrast: Overturned

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 Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to California MTUS guidelines, special studies are not typically required in most patients showing signs of true neck or upper back problems, except if a 3-4 week period of conservative treatment and observations are unable to improve symptoms, as most patients get better quickly, and as long as no red flag conditions are observed. Regarding this patient's case, no red flag symptoms are present. A note from 2/2014 noted the patient to be complaining intermittently of neck pain. On the 10/7/2014 pain management note the patient was complaining of neck pain that radiates into his left upper extremity. One month later, despite conservative care by his pain management specialist, this patient is still complaining of neck pain that radiates into his left upper extremity. On physical exam sensory examination revealed decreased sensation in the left upper extremity along the affected C6-C7 dermatome. The pain management physician responded to the utilization review physician's rationale for denial by stating that a negative EMG study does not detect more subtle radiculopathies. He also stated that he might consider cervical epidural steroid injections based on the MRI findings. One of the California MTUS criteria for ordering an imaging study such as an MRI is for clarification of the anatomy prior to an invasive procedure. As previously stated, another criteria is failure of symptoms to improve despite conservative measures being taken. Likewise, this request for an MRI of the cervical spine is found to be medically necessary.