

Case Number:	CM15-0106227		
Date Assigned:	06/10/2015	Date of Injury:	02/09/2012
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/02/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 33 year old male who reported an industrial injury on 2/9/2012. His diagnoses, and/or impressions, are noted to include: cervical facet syndrome, status post cervical discectomy and fusion; chronic right cervical radiculopathy and degenerative disc bulge with facet arthropathy and facet syndrome; and bilateral Cervico-thoracic facet arthropathy. No current imaging studies are noted. His treatments have included medication management and regular work duties. The progress notes of 5/12/2015 reported increased neck pain despite the use of Oxycodone; concerns about non-progressive right arm weakness since his injury; cramping of his hand with use; and the denial of radiating arm pain, numbness, tingling or loss of bowel control. Objective findings were noted to include tightness of the cervical spine with flexion, and pain with extension; two beats of clonus in the ankles, and decreased reflexes in the bilateral biceps, brachioradialis, triceps, patellar and Achilles reflexes; and decreases grip strength, right > left. The physician's requests for treatments were noted to include a multi-planar computed tomography scan of the cervical spine to assess the extent of central and foraminal stenosis and facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multiplanar CT scan of the cervical spine C2-C7: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines Page(s): 303-305.

Decision rationale: California MTUS guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery". Regarding this patient's case, he has been noting progressive right arm weakness since his injury. On physical exam, decreased grip strength was noted in the right upper extremity using a dynamometer. The treating physician ordered an EMG study and a CT of the cervical spine. The EMG study result is not known. Utilization review did not certify the CT, essentially implying that an MRI would be a better test, as there are no documented contraindications. This patient meets criteria for additional evaluation with advanced imaging. An MRI would be a good choice, but a CT study is also an adequate choice and will also allow for assessment of C7 radiculopathy. This request is medically necessary.