

Case Number:	CM15-0014829		
Date Assigned:	02/02/2015	Date of Injury:	08/22/2012
Decision Date:	12/21/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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: California
 Certification(s)/Specialty: Internal Medicine

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 year old male, who sustained an industrial injury on August 22, 2012, incurring multiple injuries. He was diagnosed with post-traumatic complex lacerations of the right upper extremity, right elbow strain, cervical degenerative disc disease, lumbar strain, thoracic strain and a left knee strain. Treatments included pain medications, muscle relaxants, home exercise program, and work modifications and activity restrictions. Currently, the injured worker complained of constant headaches and neck pain radiating to the bilateral upper extremities with numbness and tingling down the arms and into his hands. He rated his neck pain 8 out of 10 on a pain scale from 0 to 10. He noted persistent low back pain rated 7 out of 10, radiating to the bilateral lower extremities with numbness and tingling. He reported consistent muscle spasms and discomfort interfering with his activities of daily living. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging of the cervical spine. On January 13, 2015, a request for a cervical Magnetic Resonance Imaging was denied by utilization review.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that most patients with true neck and upper back problems do well with conservative treatment within the first 3 to 4 weeks of injury and studies are not needed unless red flag symptoms exist indicating such pathology as tumor, infection, or progressive neurological dysfunction. After this time period, evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program to avoid surgery, or clarification of anatomy in preparation for surgery are all rationales for imaging studies such as MRI. Physiological evidence of neurological pathology may be provided by physical exam, EMG studies, or bone scans. Equivocal findings on physical exam may provide justification for further exams such as EMG, NCV, or sensory evoked potential studies. Consultation with a specialist in the field may be beneficial prior to ordering an MRI. Recent evidence seems to indicate that MRIs may not be able to pick up cervical annular disk tears. Also, MRIs may diagnosis a finding that existed prior to the injury being treated and result in false positives findings and cause diagnostic confusion. Our patient has had symptoms since 2012 and has had an adequate trial of various conservative measures. He has symptoms of nerve root compression with definite radicular signs. MRI would be useful in diagnosing pathology that would be amenable to more aggressive treatment such as surgery. MRI is definitely indicated at this point in order to continue to seek to maximize treatment of the patient's condition. The request is medically necessary.