

Case Number:	CM15-0056559		
Date Assigned:	04/01/2015	Date of Injury:	04/24/2014
Decision Date:	05/07/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/25/2015

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 71 year old male, who sustained an industrial injury on 4/24/2014. Diagnoses include headaches, tinnitus, cognitive impairment, cervical sprain/strain and cervical radiculopathy. Treatment to date has included diagnostics including radiographic imaging, medications and neurological evaluation. Per the Primary Treating Physician's Progress Report dated 2/21/2015, the injured worker reported neck pain and tension rated as 8/10. There is radiation and numbness and tingling in the bilateral upper extremities going to his fingers. He notes that he is having severe balance problems. He reports difficulty holding things and writing with pens. He reports difficulty hearing and a slow thought process. He reports severe headaches, described as a pulsing/aching pain throughout his head with ringing in his ears. Loud noises aggravate the pain and ringing. He also reports a sensation that radiates up into the front of his face. Physical examination revealed decreased cervical range of motion. There was decreased sensation in the left C6 dermatome. There were hyporeflexic upper extremities. Patellar and Achilles reflexes are absent bilaterally. The plan of care included an ENT (ear, nose throat) consultation, pain management follow-up and magnetic resonance imaging (MRI) of the cervical spine. Authorization was requested for MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints indicates that MRI or CT is recommended to evaluate red-flag diagnoses. MRI or CT is recommended when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure is recommended. Criteria for ordering imaging studies include emergence of a red flag and physiologic evidence of tissue insult or neurologic dysfunction. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. An imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for four to six weeks or more to further evaluate the possibility of potentially serious pathology. The neurological evaluation report dated 2/23/15 documented a the date of injury of 4/24/14 that involved gun discharge. On 11/4/14, the patient had balance problems and fell. X-ray of the cervical spine dated 9/17/14 documented facet osteoarthritis diffusely throughout the cervical spine. The primary treating physician's progress report dated 2/10/15 documented chronic neck pain. Physical examination demonstrated hyporeflexia in the upper extremities. Decreased sensation in the left C6 dermatome. The patient reported that he has difficulty holding objects and writing with pens. Diagnoses were cervical sprain and strain and cervical radiculopathy. Neurologic deficits were demonstrated on physical examination. Symptoms have persisted. The persistence of symptoms and the presence of neurologic deficits support the request for cervical spine MRI magnetic resonance imaging. Therefore, the request for MRI magnetic resonance imaging of the cervical spine is medically necessary.