

Case Number:	CM15-0241077		
Date Assigned:	12/18/2015	Date of Injury:	07/13/2001
Decision Date:	01/25/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	12/10/2015

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: Physical Medicine & Rehabilitation

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 63 year old male who sustained an industrial injury on 7-13-2001. Medical records indicate the worker is undergoing treatment for chronic musculoligamentous sprain/ strain of the cervical/ thoracic spine with occasional upper extremity radiculitis secondary to underlying degenerative disc disease. A recent progress report dated 10-30-2015, reported the injured worker complained of right sided neck pain, radiates to right hand. Physical examination revealed diminished sensory findings in the cervical 5-6 distribution. Treatment to date has included 40 visits of physical therapy and medication management. The physician is requesting a cervical spine magnetic resonance imaging. On 11-16-2015, the Utilization Review non-certified the request for cervical spine magnetic resonance imaging.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Indications for imaging-MRI (magnetic resonance imaging).

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

Decision rationale: Report of 10/30/15 noted the patient with 10 months of sobriety, fluctuating HgA1c levels for co-morbidity of diabetes with recent complications of visual complaints, poor compliance with diet and open foot wound per note of 9/3/15 followed by primary care physician and ophthalmology. The patient is s/p L3-S1 fusion with instrumentation on 9/27/12 with 40 PT visits and stable clinical exam of bilateral lower extremities of intact motor and sensation with absent DTRs. The patient has remained Permanent & Stationary with significant disability preventing any return to work. The patient currently presents with acute right sided neck pain radiating to right hand, thumb and finger. Clinical exam showed diminished sensation in C5-6, restricted cervical range to 30 degrees in all planes, decreased motor strength on right upper arm of 4/5 in wrist, thumb and finger flexion, and 3+ reflexes in bi/tri/brachioradialis; however, normal 5/5 in all other muscles and on left side. Submitted reports have shown remarkable clinical findings of possible radiculopathy with neurological deficits of diminished sensation and motor weakness with failed conservative approach to support for the imaging study. Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms are persistent as demonstrated here. Clinical report has identified such criteria with clear specific evidence to support the diagnostic study. The MRI of the cervical spine is medically necessary and appropriate.