

Case Number:	CM14-0115247		
Date Assigned:	08/04/2014	Date of Injury:	11/16/2009
Decision Date:	10/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 53 year old male who sustained an injury to his neck on 11/16/09 when he slipped on the floor. Less than 2 months later in follow up, the residual complaints were right shoulder and low back pain radiating down into the right leg. There were no cervical complaints documented and no findings of cervical injury or cervical radiculopathy documented on examination. Follow up note dated 06/11/12 reported nothing pertaining to the neck was documented whatsoever, including physical examination; however, a request for physical therapy for the neck was reviewed and certified. The clinical note dated 05/07/14 reported nothing pertaining to the neck is documented. Electromyography (EMG)/Nerve Conduction Velocity (NCV) was performed on 02/08/13 that revealed electrodiagnostic evidence of possible early right median nerve entrapment; electrodiagnostic evidence of a bilateral C6 radiculopathy, chronically with denervation and ongoing reinnervation affecting the triceps; electrodiagnostic evidence of a bilateral C8 radiculitis, chronically with denervation and ongoing reinnervation affecting the hand muscles. Clinical note dated 06/19/14 reported that the injured worker continued to complain of neck pain and believes that he still needs neck surgery. The injured worker believes that he needs neck surgery which would probably be disc replacement at 2 levels. The treating physician did not believe that there would be a dramatic change in the injured worker's condition over the next 5 years. There was no recent detailed physical examination of the cervical spine provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI)

Decision rationale: The previous request was denied on the basis that clinical information is insufficient to determine medical necessity and little is documented in the notations covering nearly four years regarding this region of the body and the reported injury/treatments; therefore, certification was not recommended. There was no report of a new acute injury or exacerbation of previous symptoms. There was no recent detailed physical examination of the neck that would indicate any decreased motor strength, increased reflex or sensory deficits. It was mentioned that a surgical intervention was discussed; however, the treating physician did not believe that surgical intervention was medically appropriate. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no additional significant red flags identified. Given this, the request for MRI of the cervical spine is not indicated as medically necessary.