

Case Number:	CM14-0157319		
Date Assigned:	09/30/2014	Date of Injury:	08/16/2012
Decision Date:	11/13/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

51 year old male cargo handler who injured his lower back at work on 16 Aug 2012 then exacerbated that injury and injured his neck and upper back on 23 Jun 2013 when he tripped and fell while walking backwards pulling a heavy cart. He has been diagnosed with cervical strain, lumbago, ankle sprain, lumbar disc displacement and lumbar spinal stenosis. Co-morbid conditions include obesity (BMI = 30.4) and he developed depression disorder since his last injury. His neck symptoms worsened in early 2014 without a significant traumatic event. Presently he has neck pain that radiates into bilateral trapezii and shoulders (1/10 at rest and 7/10 when active/using his arms), numbness and tingling in bilateral hands (left greater than right), 7/10 low back pain and 5/10 right leg/foot pain and numbness that worsens if he sits or stands for over 15 minutes. He has no difficulties with activities of daily living (reported in Dec 2013). Exam in Sep 2014 revealed neck exam showing no torticollis or deformity but moderately decreased range of motion with pain at end of motion. There was numbness in the ulnar area of left forearm but intact motor strength in the upper extremities. Lower back exam showed intact motor function, markedly restricted range of motion with pain in all planes, exquisite tenderness to palpation over the midline lumbosacral spine and numbness in the right posterior thigh and calf. He rose from sitting position slowly and with difficulty. Recent lumbar MRI revealed degenerative disc disease at L4-5 and L5-S1. A cervical MRI was done in Nov 2013 that showed minimal degenerative changes at C6-7. Cervical x-rays showed minimal degenerative changes at C4-5. Last toxicology screen was done 6 Aug 2014, and was negative. His treatments has included cold/heat packs, physical therapy, electrical stimulation, epidural steroid injection and medications (Toradol, Ultram ER, Norco, Duexis, Medrol dose pack, Motrin and Voltaren Gel). His present medications are Tramadol ER, Norco and Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI without contrast: Upheld

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): 165, 172, 177-178, 184-188. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology, Appropriateness Criteria for the Imaging of Chronic Neck Pain, Revised 2013

Decision rationale: MRI scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the neck are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patients symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. For this patient the care provided in November 2013 followed the above guidance and cervical MRI was performed. It did not show anatomical changes that would explain the patient's complaints. Since then there has not been any significant traumatic event that could explain a change in that anatomy, although, in early 2014 his symptomatology did worsen. At present the signs and symptoms are non-specific. A EMG/NCV test should be performed to identify the more subtle neurologic abnormalities and thus direct further studies or therapies. At this point in the care of this individual a MRI of the neck is not indicated.