

Case Number:	CM14-0202904		
Date Assigned:	12/15/2014	Date of Injury:	04/06/2012
Decision Date:	06/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on 4/6/12. She reported initial complaints of neck, shoulders, upper back, bilateral elbows, hands knee and feet. The injured worker was diagnosed as having cervical spine multiple level herniated nucleus pulposus; degenerative disc disease; radiculopathy. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10/18/14 indicated the injured worker complains of burning, radicular neck pain and muscle spasms. The pain is described as constant, moderate to severe and was rated 8/10. The pain was aggravated by looking up, down and side to side as well as repetitive motion of the head and neck. The pain is associated with numbness and tingling of the bilateral upper extremities including shoulders, elbows, and wrists. The provider includes a full physical/neurological examination of the cervical, lumbar, bilateral upper and lower extremities. The treatment plan includes a request for epidural steroid injections, acupuncture, shockwave therapy medications and MRI cervical spine.

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 ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to ACOEM (MTUS is silent) "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." From my review of the provided medical records there is physiologic evidence that suggest neurologic findings on physical exam. These include weakness, numbness and tingling as well as neuropathic pain along a dermatomal distribution. While I agree from the peer review that there is no conclusive physical evidence in the provided records, however based on the ACOEM guidelines that state, when the neurologic examination is less clear further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Therefore the requested MRI of the cervical spine is medically appropriate based on the cited guidelines and medical records.