MAXIMUS Federal Services

Case Number:	CM14-0217199		
Date Assigned:	01/05/2015	Date of Injury:	06/08/2014
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

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: Pennsylvania
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 46 year old male with a date of injury of 6/8/14. The injury was noted to be secondary to an accident while he was driving a truck; the truck hit a puddle and the vehicle was pushed into a rack, jolting the injured worker's body and causing his neck to move back and forth with immediate pain. Medical history was positive for diabetes. Primary treating physician's report from the 6/8/14 noted that cervical x-rays appeared normal with no acute fracture or subluxation. Examination showed mild diffuse left trapezius muscle tenderness to palpation, with no spinous process tenderness, and no sensory deficits or unilateral weakness on neurological examination. The diagnosis was neck sprain and strain. Initial treatment recommendations included rest, ibuprofen, and application of heat. A PR2 from 6/17/14 notes the injured worker reported shooting sensation from the back of his shoulder to the elbow and numbness in the fifth finger; prednisone was ordered and work restrictions were noted as no overhead work. On 6/26/14 the injured worker reported pain as 6 out of 10 in severity, with sensation of electrical shock down the arm, with no relief with prednisone. Neurologic examination was negative for unilateral weakness but examination revealed radicular pain on straightening of neck and axial loading on left cervical spine down ulnar aspect of arm and pinky. New diagnoses of disturbance of skin sensation and brachial neuritis or radiculitis were noted, and physical therapy was ordered. The injured worker underwent physical therapy and continued working modified duties with restrictions, and continued to experience moderate pain in the cervical spine, upper back and left upper extremity as well as shock-like sensations. Symptoms persisted with no change with physical therapy, medication, or rest. In August 2014,

the injured worker had numbness in the small and ring fingers, with decreased cervical range of motion. Electrodiagnostic studies in October 2014 showed bilateral carpal tunnel syndrome and peripheral neuropathy, the possibility of a superimposed crush syndrome of nerve entrapment and peripheral neuropathy was considered plausible but unlikely. Orthopedic examination in December 2014 showed tenderness and spasm in the cervical musculature, with decreased range of motion of the cervical spine, motor strength 4/5 in the left deltoid/biceps muscles, decreased sensation at the C7 dermatome on the left, Spurling's test was negative bilaterally, and cervical compression test was positive. A MRI of the cervical spine was requested to determine if there was a disc causing the radiculopathy.On December 15, 2014, Utilization Review non-certified a request for a Magnetic Resonance Imaging (MRI) of the cervical spine, citing the MTUS and noting that there was lack of neurologic assessment to indicate the presence of nerve root compromise.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): p. 170-172, p. 177-179.

Decision rationale: Per the MTUS/ACOEM, for most patients presenting with neck problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction. Physiologic evidence may be in the form of neurologic findings on physical examination and electrodiagnostic studies. In this case, initial examination after the injury was consistent with cervical strain, with no neurologic symptoms or deficits. The injured worker subsequently developed radicular symptoms with pain, numbness, and shock-like symptoms in the left arm, with decrease in strength, dermatomal disturbance in sensation, and positive cervical compression testing. Symptoms persisted in spite of conservative care with activity modification, medication, and physical therapy. Electrodiagnostic studies suggested the possibility of crush syndrome with nerve entrapment. Because of radicular symptoms associated with abnormalities on neurologic examination and suggestive electrodiagnostic findings, the request for MRI of the cervical spine is medically necessary.