

Case Number:	CM15-0060738		
Date Assigned:	04/07/2015	Date of Injury:	12/16/2013
Decision Date:	05/27/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/31/2015

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 29 year old morbidly obese female with a date of injury of 12/16/2013. According to the progress notes dated 2/19/2015 the injured worker slipped and fell sustaining multiple injuries to her neck, back, and upper extremities. She was treated with physical therapy, Toradol injections and medications but her symptoms worsened and a cervical MRI scan was done on 4/23/2014 which was negative with the exception of reversal of lordosis. There was no disc disorder or canal stenosis. Other diagnostic testing included x-rays of the cervical and thoracic spine dated 12/17/2013 which showed a mild scoliosis of the lower thoracic spine and straightening of the lordosis in the cervical spine. X-rays of the left shoulder were negative. On examination there was no neurologic deficit documented. The range of motion of the cervical spine was reported to be normal in all directions. The shoulder joint also had normal range of motion. Sensory and motor examination was negative. Deep tendon reflexes were 2+ bilaterally. On March 5, 2015 she was complaining of neck tightness, stiffness, with electric shock feeling and radiation of pain to the left shoulder with tingling numbness in the fifth digit of the left hand. She was also taking Norco, Flexeril, Zolofit and requested a refill. The documentation indicates that she weighed 260 pounds before the accident and was putting on weight. On examination she weighed 318 pounds with BMI of 52.91. Range of motion of the cervical spine was normal. Range of motion of the shoulder was also normal. Reflexes were 2+ bilaterally. There was no tenderness over the spine. There was no muscle spasm palpated. The disputed request pertains to a request for repeat MRI scan of the cervical spine and orthopedic surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Spinal Canal Cervical Spine without contrast, outpatient: 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 ODG: Section: Neck, Topic: Magnetic resonance Imaging.

Decision rationale: The injured worker is a 29-year-old morbidly obese female with a date of injury of 12/16/2013. Documentation indicates a prior MRI scan of the cervical spine on 4/23/2014 which showed reversal of normal cervical lordosis but was otherwise negative. ODG indications for MRI of the cervical spine include chronic neck pain after 3 months of conservative treatment with normal radiographs and presence of neurologic signs or symptoms, neck pain with radiculopathy if severe or progressive neurologic deficit, chronic neck pain radiographs show spondylosis, neurologic signs or symptoms present, chronic neck pain radiographs show old trauma, neurologic signs or symptoms present, chronic neck pain, radiographs show bone or disc margin destruction, suspected cervical spine trauma, clinical findings suggest ligamentous injury, radiographs and/or CT normal, known cervical spine trauma with equivocal or positive plain films with neurologic deficit. According to the progress notes dated 2/19/2015 the injured worker slipped and fell sustaining multiple injuries to her neck, back, and upper extremities. She was treated with physical therapy, Toradol injections and medications but her symptoms worsened and a cervical MRI scan was done on 4/23/2014 which was negative with the exception of reversal of lordosis. There was no disc disorder or canal stenosis. Other diagnostic testing included x-rays of the cervical and thoracic spine dated 12/17/2013 which showed a mild scoliosis of the lower thoracic spine and straightening of the lordosis in the cervical spine. X-rays of the left shoulder were negative. On examination there was no neurologic deficit documented. The range of motion of the cervical spine was reported to be normal in all directions. The shoulder joint also had normal range of motion. Sensory and motor examination was negative. Deep tendon reflexes were 2+ bilaterally. On March 5, 2015 she was complaining of neck tightness, stiffness, with electric shock feeling and radiation of pain to the left shoulder with tingling numbness in the fifth digit of the left hand. She was also taking Norco, Flexeril, Zolofl and requested a refill. The documentation indicates that she weighed 260 pounds before the accident and was putting on weight. On examination the weight was 318 pounds with BMI of 52.91. Range of motion of the cervical spine was normal. Range of motion of the shoulder was also normal. Reflexes were 2+ bilaterally. There was no tenderness over the spine. There was no muscle spasm palpated. The injured worker has no focal neurologic deficit documented. There has been no change in the neurologic status since the previous MRI scan of the cervical spine of 4/23/2014. As such, the injured worker does not meet the criteria for a repeat MRI scan of the cervical spine and the medical necessity of the request has not been substantiated.

Orthopedic consultation and evaluation for surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 503-524.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 180.

Decision rationale: With regard to the consultation for orthopedic surgery, the documentation does not indicate any objective findings that would necessitate surgical considerations. X-rays and cervical MRI scan have been negative and there are no red flags. The guidelines indicate surgical considerations for severe spinovertebral pathology, severe debilitating symptoms with electrophysiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. There is no clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term. As such, the request for a surgical consultation is not supported and the medical necessity of the request has not been substantiated.