MAXIMUS Federal Services

Case Number:	CM13-0003092		
Date Assigned:	07/31/2013	Date of Injury:	03/26/2012
Decision Date:	01/16/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and 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 physician 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 applicant has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 26, 2012. Thus far, she has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; left wrist radial styloid corticosteroid injection; an elbow brace; neuropathic medications including Nortriptyline; and reported return to regular duty work. The most recent progress report of June 19, 2013 is notable for ongoing complaints of neck pain radiating to the left arm which has apparently become quite severe. She has numbness and tingling about the left small and ring fingers. She exhibits nearly full range of motion with positive Tinel sign about the brachial plexus. A positive Tinel sign is also noted about the cubital tunnel. Sensation is diminished about the ulnar nerve distribution. Left hand grip strength is diminished. The applicant is given a diagnosis of cervical strain with possible radiculopathy. It is stated that the applicant can live with her problem pertaining to the cervical spine the way it is right now. The attending provider therefore withdraws this request for an MRI of the cervical spine. A prior note of May 1, 2013 suggests that the applicant needs a high-quality cervical MRI to better assess for cervical radiculopathy.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 8, table 8-8, MRI imaging can be employed to validate the diagnosis of nerve root compromise, based on history and physical exam findings, in preparation for an invasive procedure. In this case, the most recent progress note now suggests that the applicant no longer wishes to consider an invasive procedure and can live with her cervical spine pain the way it is. It appears, furthermore, that the attending provider is in agreement with this determination and he himself has withdrawn the request for the MRI in question. Therefore, the request is non certified as it appears that MRI imaging would not alter the treatment plan here. While the applicant does have seemingly worsened radicular complaints and radicular signs that could warrant MRI imaging were she, in fact, considering an invasive procedure, in this case, the fact that the applicant does not wish to pursue any invasive procedures argues against the need for MRI imaging at this point in time.