

Case Number:	CM13-0009748		
Date Assigned:	03/24/2014	Date of Injury:	07/11/2013
Decision Date:	04/29/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/09/2013

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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck and low back pain reportedly associated with an industrial injury of July 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; and lumbar epidural steroid injection. In a utilization review report of August 6, 2013, the claims administrator denied a request for the lumbar MRI, citing the lack of neurologic deficits which might support the request. In a clinical progress note of September 12, 2013, somewhat sparse, the claimant describes having persistent low back pain radiating into the bilateral lower extremities. The claimant was described as complaining about aching and stiffness about the neck. Physical therapy reportedly did not help. Cervical MRI results of September 3, 2013, were notable for 3-mm disc protrusions at C4-C5 and C6-C7. Work restrictions were endorsed, along with chiropractic manipulative therapy for the cervical and lumbar spine. A later chiropractic note on November 8, 2013 is notable for comments that the claimant is off of work, on total temporary disability, owing to heightened pain complaints. The claimant was described as having 5/5 bilateral upper extremity strength, including both the deltoids, biceps muscles, wrist extensors, and triceps on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI TO THE CERVICAL SPINE TO RULE OUT CERVICAL DISC INJURY: 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): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 182, MRI and/or CT scan imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, as noted above, the bulk of the applicant's complaints seemingly pertain to the lumbar spine as opposed to the cervical spine. There is no clear evidence of nerve root compromise pertaining to the cervical spine. There is no evidence that the applicant acted on the results of the cervical MRI in question. There is no indication that the applicant was actively considering or contemplating a surgical procedure, even after the cervical MRI was performed. The applicant ultimately chose to pursue chiropractic manipulative therapy for the cervical spine as opposed to any kind of interventional procedure. For all the stated reasons, then, the proposed cervical MRI was not medically necessary and is therefore not certified.