

Case Number:	CM13-0015638		
Date Assigned:	10/09/2013	Date of Injury:	08/13/1997
Decision Date:	01/03/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/23/2013

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 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.

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 chronic neck pain reportedly associated with an industrial injury of August 13, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; muscle relaxant; and removal of a cervical cyst on September 11, 2012. The applicant's care has been complicated by comorbid morbid obesity. On August 1, 2013 utilization review report, the claims administrator denied a request for cervical MRI imaging. The applicant's attorney subsequently appealed. A later progress report of July 22, 2013 is notable for comments that the applicant is working. Neck pain and left arm numbness are troubling her. She is morbidly obese with BMI of 45. She is on Duexis and Xanax. Left upper extremity weakness score of 4/5 is noted with associated cervical tenderness appreciated. Flexeril, Gralise, and oxycodone are endorsed. Cervical MRI is also proposed. An earlier note of September 4, 2013 is also notable for comments that the applicant reports persistent neck pain radiating to the left arm and has weakness score of 4/5 about the left upper extremity with numbness noted in the C6-C7 distribution. It is again reiterated that the applicant is working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI w/o contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 - 179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 8 table 8-8, MRI and/or CT imaging can be employed to validate the diagnosis of nerve root compromise based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant does have ongoing radicular complaints and radicular signs, including neck pain radiating to the left arm, numbness, tingling, paresthesias, and weakness about the left arm appreciated on exam. There is, in short, evidence of an active cervical radiculopathy for which MRI imaging is indicated to clearly delineate. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.