MAXIMUS Federal Services

Case Number:	CM13-0020759		
Date Assigned:	03/26/2014	Date of Injury:	04/02/2007
Decision Date:	04/30/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/05/2013

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 chronic neck, shoulder, and arm pain reportedly associated with an industrial injury of April 2, 2007. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; left shoulder arthroscopy in 2007; unspecified amounts of physical therapy over the life of the claim; wrist corticosteroid injections; electrodiagnostic testing of January 11, 2013, notable for evidence of mix motor and sensory distal peripheral neuropathy, bilateral carpal tunnel syndrome, right cubital tunnel syndrome, and left chronic C6 nerve root irritation; earlier MRI (magnetic resonance imaging) of cervical spine of February 15, 2013, notable for disk protrusions at C5-C6, the former of which is apparently causing some nerve root abutment; and extensive periods of time off of work. In a Utilization Review Report of August 28, 2013, the claims administrator denied a request for cervical MRI, citing non-MTUS Official Disability Guidelines (ODG) in its denial. Multiple notes interspersed throughout the claim are notable for comments that the claimant is off of work, on total temporary disability, including a note of February 1, 2013. An office visit of August 6, 2013, the applicant does report ongoing neck and shoulder pain. The applicant has no motor weakness appreciated in the major groups of the upper extremities, it is stated, and has intact sensorium about the same. Shoulder range of motion, however, is markedly limited. In a handwritten note of September 19, 2013, the attending provider writes that the applicant continues to report ongoing issues with neck pain. The applicant is not working. Limited cervical range of motion is noted. The attending provider states that he is pursuing a repeat cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MRI OF THE CERVICAL SPINE WITHOUT CONTRAST BETWEEN 8/26/2013 AND 10/10/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182 do note that MRI (magnetic resonance imaging) or computed tomography (CT) scanning 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, the attending provider has not clearly stated that the applicant is in fact actively considering or contemplating a surgical procedure. There is, moreover, no clear evidence of neurologic compromise evident. There is no evidence of upper extremity weakness referable to the cervical spine. There is no evidence of any progressive motor deficit associated with the cervical spine. There is no evidence that the applicant is actively considering or contemplating cervical spine surgery. The attending provider has not clearly stated why he believes the results of the earlier cervical MRI and/or electrodiagnostic testing was non-diagnostic. Therefore, the request remains not certified, on Independent Medical Review.