

Case Number:	CM13-0024873		
Date Assigned:	11/20/2013	Date of Injury:	12/27/2006
Decision Date:	01/06/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/16/2013

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. 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, low back, and left knee pain reportedly associated with an industrial injury of December 27, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; prior lumbar fusion surgery in 2011; subsequent left knee surgery in 2013; attorney representation; a cane; unspecified amounts of physical therapy over the life of the claim; and periods of time off work. In a utilization review report of September 6, 2013, the claims administrator denied a request for cervical MRI on the grounds that the applicant had received prior cervical MRI imaging in 2011 showing only multilevel degenerative changes and disk bulges of uncertain clinical significance. The applicant's attorney later appealed on September 13, 2013. An earlier note of July 24, 2013 is notable for comments that the applicant reports multifocal pain complaints. She is still using pain medications. She has decreased sensation noted about the left C6 dermatome and left L5 dermatome. It is stated that MRI imaging is being sought to further evaluate the applicant's radiculopathy as the applicant reportedly describes persistent left upper extremity radicular complaints. The applicant is placed on total temporary disability for an additional two weeks and then given work restrictions, which do not appear to be accommodated by the employer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI C-Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back. .

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

Decision rationale: As noted in the ACOEM Guidelines in chapter 8, table 8-8, MRI and/or CT scan imaging can be employed to evaluate for possible red flag diagnoses such as fracture, tumor, infection, and/or to validate diagnosis suspected of neurologic compromise, based on the clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, there is no clear evidence of nerve root compromise/neurologic compromise, contrary to what is suggested by the attending provider. The applicant has some low grade sensory derangement noted in the C5 distribution. There is no evidence, however, that the applicant would act on the results of the proposed cervical MRI imaging. There is no evidence that the applicant is a candidate for an invasive surgical remedy or other invasive procedure here, particularly in light of her multifocal pain complaints. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.