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| Case Number: | CM13-0038638 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 06/26/2010 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 09/18/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

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 Therapy, 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 [REDACTED] employee who has filed a claim for chronic neck pain associated with an industrial injury of June 26, 2010. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy, a cane, and the apparent imposition of permanent work restrictions which resulted in the applicant's removal from the workplace. In a January 28, 2014 progress note, the applicant reported 6-8/10 neck pain radiating into the bilateral shoulders and upper back with 8/10 low back pain radiating to the right leg. Anxiety, depression, and insomnia likewise persisted. The applicant exhibited painful range of motion about the cervical spine and limited range of motion about the lumbar spine. The applicant exhibited an antalgic gait requiring usage of a cane. Naprosyn, Prilosec, and an MRI of the cervical and lumbar spines were sought. The applicant is asked to continue following up with a psychiatrist and pain management physician. In a progress note dated May 22, 2014, the applicant's attending provider suggested that the applicant reported persistent complaints of 8/10 neck pain radiating to the shoulders and upper back with low back pain, also at 8/10, radiating to the right leg. The applicant remained anxious and depressed. The applicant is having difficulty sleeping. The applicant again exhibited an antalgic gait requiring usage of a cane. Painful limited range of motion was noted about the cervical and lumbar spines. The attending provider stated that the MRI imaging of the cervical spine was performed on May 19, 2014 and demonstrated only low grade 2 to 3 mm disk bulge at the C6-C7 level. It did not appear that the applicant was considering any kind of surgical or interventional procedure involving the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI or 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, there was no evidence that the applicant was preparing or considering any kind of invasive procedure in so far as the cervical spine was concerned. No compelling rationale for pursuit of the cervical MRI imaging study in question was proffered by the attending provider. It appears that the cervical MRI study in question was performed, despite the utilization review denial, and was essentially negative, demonstrating only a 2 to 3 mm disk bulge/degeneration on May 19, 2014. The attending provider has not acted on the results of the MRI in question. A surgical remedy and/or surgical consultation were not sought or considered. For all the stated reasons, then, the repeat MRI of the cervical spine was not medically necessary.