

Case Number:	CM13-0051544		
Date Assigned:	12/27/2013	Date of Injury:	06/10/2009
Decision Date:	03/11/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/14/2013

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 is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 10, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; MRI imaging of the thoracic and lumbar spines of October 2009, notable for multilevel degenerative changes of uncertain clinical significance; MRI imaging of March 5, 2013, again notable for multilevel degenerative changes, disc bulges, and annular bulges of uncertain clinical significance; transfer of care to and from various providers in various specialties; normal MRI imaging of the brain of October 2013; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 16, 2013, the claims administrator denied a request for cervical MRI imaging, citing non-MTUS ODG guidelines. In a November 11, 2013 progress note, the attending provider appealed the decision to deny the cervical MRI. The applicant has persistent complaints of multifocal pain. The applicant is off of work, it is noted. He has numbness and tingling about the fingers, it is stated. The applicant is having numbness about the face and reports chronic mid back and low back pain. Tenderness in cervical paraspinal musculature with a positive Spurling's maneuver is noted. It is stated that the applicant has numbness about multiple digits. It is stated that the cervical MRI would help to delineate the applicant's underlying cervical pathology. Zipsor is also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8 Table 8-8, MRI 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, there is no clear-cut evidence of radiculopathy. There is no clear-cut evidence of nerve root compromise. The applicant has multifocal neck, mid back, low back, and upper back complaints with associated headaches. While the applicant may have numbness and tingling about the upper extremities, the applicant recently underwent cervical MRI imaging in March 2013. It is not clearly stated why this imaging study is not adequate for diagnostic purposes. It is not clearly stated that the applicant would consider a surgical remedy were it offered to him at this point in time. It is not clearly stated how repeat cervical MRI imaging would change the treatment plan here. There is no clear evident deterioration of the neurologic picture since the prior cervical MRI is performed in March 2013. For all of these reasons, then, the request remains non-certified, on Independent Medical Review.