

Case Number:	CM13-0056287		
Date Assigned:	12/30/2013	Date of Injury:	02/08/2008
Decision Date:	05/16/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/22/2013

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] maintenance man who has filed a claim for chronic neck pain associated with an industrial injury of February 8, 2008. Thus far, the applicant has been treated with analgesic medications, earlier shoulder surgery, and several cervical epidural steroid injections, which were reportedly ineffectual. The applicant reports ongoing neck pain radiating to the arms. It is stated that further treatment, at this point, would be in the form of a cervical spine fusion as the applicant does not want to repeat cervical epidural steroid injection therapy. The applicant continues to smoke about a half pack of cigarettes a day. Upper extremity strength is scored at 5/5. It is stated that the applicant now wants to defer any proposed cervical spine surgery indefinitely.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in 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, the attending provider has reached the conclusion that the applicant is not in fact intent on pursuing any kind of surgical remedy or further epidural steroid injection therapy. Since the applicant will not act on the results of the proposed cervical MRI and/or pursue a surgical remedy here, the request not medically necessary.