

Case Number:	CM13-0059939		
Date Assigned:	12/30/2013	Date of Injury:	09/02/1994
Decision Date:	08/28/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 pain reportedly associated with an industrial injury of September 9, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; an intrathecal pain pump; opioid therapy; and psychotropic medications. In a Utilization Review Report dated November 18, 2013, the claims administrator denied a request for cervical MRI imaging on the grounds that the attending provider's documentation was inadequate. The claims administrator did not incorporate cited guidelines into its rationale, it is incidentally noted. The applicant's attorney subsequently appealed. In an October 30, 2013 progress note, the applicant was described as having persistent complaints of pain, 7/10, apparently originating from the back and radiating to the bilateral lower extremities. The applicant had a BMI of 24. The applicant was in a wheelchair and exhibited an antalgic gait, it was stated. Lower extremity strength ranged from 4/5 to 5/5. The applicant was using Cymbalta, Amitiza, Colace, Phenergan, albuterol, metformin, Tenormin, fosinopril, Zyprexa, Effexor, Senna, and Nucynta. An intrathecal pain pump refill was performed in the office. Fentanyl and Nucynta were refilled. In a November 11, 2013 progress note, somewhat blurred as a result of repetitive photocopying and faxing, the applicant reported persistent complaints of 7/10 low back pain radiating to the bilateral lower extremities. The applicant had numbness and tingling about the bilateral hands, it was stated. The applicant was occasionally dropping articles with the bilateral hands, it was noted. The applicant was apparently wheelchair-bound and using a walking boot, it was stated. Lower extremity strength ranged from 4 to 4+/5, it was suggested. The pump site was reportedly clean. The attending provider stated that MRI imaging of the cervical spine was being sought for a diagnosis of spasmodic torticollis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition, Neck and Upper Back Complaints, pg. 181-183.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, does recommend MRI or CT scanning to help validate a diagnosis of nerve root compromise, in preparation for an invasive procedure in applicants with clear history and physical exam findings suggestive of an active cervical radiculopathy, in this case, however, the bulk of the applicant's symptoms are seemingly localized to the lumbar spine and lower extremities. There is comparatively little or no mention made of issues associated with the cervical spine. The applicant was not described as having any upper extremity neurologic deficits seemingly referable to cervical spine. There was no evidence that the applicant was actively considering or contemplating cervical spine surgery. The attending provider's stated diagnosis of spasmodic torticollis or muscle spasms of the neck is not a diagnosis which is amenable to diagnosis via MRI imaging. For all of the stated reasons, then, the request is not medically necessary.