

Case Number:	CM13-0070541		
Date Assigned:	01/03/2014	Date of Injury:	06/06/1998
Decision Date:	04/24/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

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 June 3, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; cervical traction; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a utilization review report of December 13, 2013, the claims administrator denied a request for cervical MRI imaging. It was stated that the applicant had had earlier cervical MRI imaging in September 2012. The applicant's attorney subsequently appealed. In a clinical progress note of October 11, 2013, the applicant presented with persistent neck pain and stiffness. The applicant had axial symptoms, it is stated. Her reflexes about the upper extremities were symmetric. It is stated that new MRI of the neck would be inline. The applicant is asked to consult a cervical spine specialist while employing Motrin and Lidoderm patches for pain relief. The applicant's work status was not stated. On August 16, 2013, the applicant was described as having shoulder stiffness. She was described as diabetic and hypertensive, it is incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE NECK WITHOUT CONTRAST AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <http://www.acoempracguides.org/>

Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders

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

Decision rationale: As noted in the ACOEM Guidelines, MRI or CT 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 are no clear signs or symptoms of an active cervical radiculopathy. There is no evidence that an applicant is actively considering or contemplating cervical spine surgery. Therefore, the original utilization review decision is upheld. The request is not medically necessary and appropriate.