MAXIMUS Federal Services

Case Number:	CM14-0007378		
Date Assigned:	02/10/2014	Date of Injury:	07/13/2013
Decision Date:	08/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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:

This case involves an injured worker who has filed a claim for neck pain reportedly associated with an industrial injury of July 13, 2013. Thus far, the injured worker has been treated for the following: analgesic medications; unspecified amounts of physical therapy; attorney representation; and transfer of care to and from various providers in various specialties. In a utilization review report dated December 31, 2013, the claims administrator denied a request for cervical MRI imaging. The applicant's attorney subsequently appealed. In a progress note of December 3, 2013, the injured worker presented with multifocal complaints of neck, shoulder pain, leg pain, elbow pain, and wrist pain. She has complaints of posttraumatic headaches and psychological stress. Her clinical presentation and examination were described as largely unchanged. Electrodiagnostic testing of the upper extremity, acupuncture, a shoulder MRI, neurologic evaluation, psychological follow-up visit, and a cervical MRI were sought. The injured worker's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

Decision rationale: The MTUS ACOEM Guidelines does recommend an MRI or CT scanning to validate a diagnosis of nerve root comprise, based on clear history and physical exam findings, in preparation for an invasive procedure. However, in this case, there is no clear-cut evidence of neurologic compromise referable to the cervical spine. The injured worker's multifocal complaints of pain, superimposed on issues with anxiety and depression, in effect argue against again focal neurologic compromise. There was no mention or demonstration of upper extremity weakness on office visit in question dated December 3, 2013. The fact that multiple MRI imaging studies of several different body parts were sought concurrently also argues against any focal neurologic compromise referable to the cervical spine or upper extremities. Finally, the attending provider did not state that the applicant was considering or contemplating cervical spine surgery. For all stated reasons, then, the request was not medically necessary.