MAXIMUS Federal Services

Case Number:	CM14-0008702		
Date Assigned:	02/12/2014	Date of Injury:	04/22/2013
Decision Date:	07/02/2014	UR Denial Date:	01/02/2014
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:

The applicant is a represented [redacted] employee who has filed a claim for neck pain reportedly associated with an industrial injury of April 22, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and work restrictions. In a utilization review report dated January 2, 2014, the claims administrator denied a request for cervical MRI imaging. The applicant's attorney subsequently appealed. It appears that the applicant underwent an earlier cervical MRI on July 3, 2013, which was notable for low grade degenerative changes at C2-C3 with no evidence of focal disk protrusion, stenosis, or neural impingement. On October 30, 2013, the applicant's new primary treating provider/orthopedic surgery consultant noted that the applicant had ongoing complaints of neck pain. The applicant was given a rather proscriptive 5-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. Norco, physical therapy, and a repeat cervical MRI were seemingly sought. The applicant did exhibit normal cervical range of motion and 4/5 shoulder strength noted in one section of the report. Other sections of the report stated that the applicant had no evidence of muscle weakness. The report was difficult to follow as a number of body parts other than the neck were also evaluated. In an earlier note of September 23, 2013 the applicant was described to possess 5/5 bilateral upper extremity strength with a negative Spurling maneuver. The applicant was placed off of work, on total temporary disability at that point in time. Physical therapy and multiple medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, 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 Page(s): 182.

Decision rationale: As noted in the ACOEM Guidelines, MRI imaging or CT scanning is recommended to validate the diagnosis of nerve root compromise, based on clear history and physical exam findings in preparation for an invasive procedure. In this case, however, there was no indication that the applicant would have acted on the results of the MRI study in question and/or have considered surgical intervention. The applicant was described with 5/5 upper extremity strength just prior to the request in question. The applicant had earlier cervical MRI imaging in July 2013, which was essentially negative, and failed to uncover any clear evidence of a lesion amenable to surgical correction. No rationale for repeat testing was provided. It appeared, moreover, that the applicant's new primary treating provider (PTP) was unaware of the results of the earlier MRI study. Therefore, the request is not medically necessary and appropriate.