MAXIMUS Federal Services

Case Number:	CM14-0101680		
Date Assigned:	07/28/2014	Date of Injury:	09/20/2012
Decision Date:	10/08/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/27/2014

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 atleast 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, low back, and upper back pain with derivative complaints of depression reportedly associated with an industrial injury of September 28, 2012. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of acupuncture; and psychotropic medications. In a June 26, 2014, utilization review report, the claims administrator denied a request for cervical MRI imaging. The applicant's attorney subsequently appealed. On June 11, 2013, the applicant reported persistent complaints of low back pain, neck pain, and numbness about the bilateral lower extremities. The applicant was returned to regular duty work at that point in time. The applicant was given a 0% whole-person impairment rating. It was suggested that the applicant had had electrodiagnostic testing of the lower extremities of July 8, 2013, which was reportedly negative. On June 20, 2014, the applicant reported persistent complaints of upper back, neck, and low back pain. The applicant stated that his low back pain was radiating to the left leg, while his neck and upper back pain were non-radiating. Earlier MRI imaging of the cervical spine was reviewed and was notable for C4-C5 and C5-C6 disc protrusions, it was stated. The applicant was placed off work, on total temporary disability, while Naprosyn, Paxil, and Protonix were endorsed. On April 30, 2014, the applicant was again placed off work, on total temporary disability. The text of the cervical MRI report dated April 30, 2014, was reviewed and was notable for multilevel disc protrusions at C4-C5 and C5-C6 with multilevel disc desiccation and degenerative changes also appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, does note that CT or MRI imaging is "recommended" to evaluate a diagnosis of suspected nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there is no evidence that the applicant is intent on pursuing any kind of surgical procedure, surgical remedy, or other invasive procedure involving the cervical spine. It is further noted that the applicant has had earlier cervical MRI imaging of April 30, 2014, which was essentially negative and demonstrated low-grade disc protrusions of uncertain clinical significance. It is not clear what role repeat MRI imaging would serve here. Therefore, the request is not medically necessary.