

Case Number:	CM14-0010595		
Date Assigned:	02/21/2014	Date of Injury:	01/04/2001
Decision Date:	06/25/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/27/2014

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 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 January 4, 2001. 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; unspecified amounts of chiropractic manipulative therapy; left shoulder manipulation under anesthesia; unspecified amounts of physical therapy; earlier cervical fusion surgery; unspecified amounts of acupuncture; and a 69% whole person impairment rating. In a December 21, 2013, the claims administrator denied a request for cervical and lumbar MRI imaging, citing MTUS Guidelines in ACOEM Chapters 8 and 12. The claims administrator stated that there was no documentation of failure of conservative treatment before authorization for MRI imaging was sought. Overall rationale was sparse and comprised almost entirely of the cited guideline. The applicant's attorney subsequently appealed. A December 3, 2013 progress note is notable for comments that the applicant reported persistent neck pain, low back pain, bilateral knee pain, bilateral shoulder pain, all of which the applicant reportedly attributed to cumulative trauma at work. The applicant had a well-healed surgical incision line noted with tenderness and spasm noted about the cervical spine. Shoulder range of motion and shoulder strength were limited. MRI imaging of the cervical spine, lumbar spine, bilateral shoulders, and bilateral knees were sought. The applicant was given diagnoses of status post cervical fusion, degenerative disk disease of the lumbar spine at L5-S1, shoulder impingement syndrome, knee sprains, neck pain, anxiety, depression, sleep disorder, reflux, and gastrointestinal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 8, 177-179

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, MRI imaging 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, the attending provider seemingly sought request for updated MRI imaging studies of multiple body parts without any clear, compelling rationale or narrative. It was not clearly stated that the applicant would consider surgical remedy based on the outcome of the cervical MRI study in question. It was not clearly stated why the cervical MRI in question was being sought. Since there is no indication that the applicant would act on the results of the cervical MRI study in question and/or consider further cervical spine surgery, the request is not medically necessary.

MRI FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12, 303-305

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, there is no mention or suspicion that the applicant is actively considering or contemplating lumbar spine surgery. There was no mention that the applicant was a surgical candidate. The attending provider, rather, stated that he was pursuing "updated" studies of the cervical and lumbar spines without any clear intent or indication to act on the results of the same and/or consider a surgical remedy were the studies in question positive. Therefore, the request is not medically necessary.