

Case Number:	CM14-0011189		
Date Assigned:	02/21/2014	Date of Injury:	05/09/2008
Decision Date:	06/25/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/28/2014

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 May 9, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier cervical fusion surgery at C5-C7; unspecified amounts of physical therapy; x-rays of cervical spine of September 22, 2009, notable for evidence of cervical fusion surgery at C5 through C7 with residual lucency at C5-C6; earlier cervical MRI imaging of September 20, 2010, notable for evidence of a discectomy and fusion at C5 through C7; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 22, 2014, the claims administrator denied a request for cervical MRI imaging, citing both MTUS and non-MTUS Guidelines. The applicant's attorney subsequently appealed. In a handwritten progress note dated February 13, 2013, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability. Tenderness, spasm, limited cervical range of motion was noted. It was stated that x-rays of cervical spine demonstrated scoliosis with no acute changes. Lodine was endorsed, along with a TENS unit and additional therapy. MRI imaging of the cervical and thoracic spines were sought to rule out herniated disk, along with electrodiagnostic testing of the upper extremities. On January 7, 2014, the applicant presented with persistent shoulder and neck pain. The applicant had a history of hypertension, dyslipidemia, and heartburn, it is stated. The applicant had retired in 2010, it is stated. Residual numbness and tingling were noted about the fourth and fifth digits. The applicant's grip strength was reportedly normal; it was stated in one section of the report. Shoulder strength was limited to 4/5, it was stated. There was evidence of left forearm atrophy with 26 cm girth noted versus 28.5 cm about the right. It was stated that MRI imaging of the cervical spine to assess for any

structural changes causing nerve root impingement was being sought. Oral Voltaren was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE WITH CONTRAST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, NECK AND UPPER BACK COMPLAINTS, 181-183

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004,

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI imaging or CT scanning 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, the attending provider has stated that he is searching for a treatable source of nerve root impingement. The applicant's clinical presentation, including complaints of neck pain radiating to the arm, left forearm atrophy, and left hand numbness, taken together, do, in fact suggest an active diagnosis of nerve root impingement associated with the cervical spine for which MRI imaging is indicated. Therefore, the request is medically necessary.