

Case Number:	CM14-0011375		
Date Assigned:	02/21/2014	Date of Injury:	08/30/2013
Decision Date:	06/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/29/2014

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 August 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; attorney representation; transfer of care to and from various providers in various specialties; reportedly normal x-rays of the elbows and shoulders of August 30, 2013; and extensive periods of time off of work. In a Utilization Review Report dated December 30, 2013, the claims administrator denied a request for cervical MRI imaging. The applicant's attorney subsequently appealed. A February 27, 2014 progress note is notable for comments that the applicant had persistent complaints of low back pain. The applicant's main issue was the shoulder, it was stated. Stiffness and spasm are noted about the cervical spine with limited shoulder range of motion. It was stated that the applicant might have cervical spine strain versus disk herniation. Electrodiagnostic testing of lower extremities was sought on this occasion while the applicant was placed off of work. Additional physical therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST FOR 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, 2ND.

EDITION, 2004, ONLINE EDITION, CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS), 178

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI 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, however, the applicant is not, based on the information on file, considering or contemplating an invasive procedure. The bulk of the applicant's pathology, moreover, seemingly stems from the left shoulder and low back. There is comparatively little or no mention made of issues pertaining to the cervical spine. As further noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178, relying on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion and associated significant risk of false-positive results. In this case, again, the applicant is not actively considering or contemplating cervical spine surgery or other interventional spine procedures. Therefore, the proposed cervical MRI is not medically necessary.