

Case Number:	CM14-0016751		
Date Assigned:	10/02/2014	Date of Injury:	11/18/1999
Decision Date:	11/06/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 November 18, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; electrodiagnostic testing of February 28, 2013, notable for left-sided carpal tunnel syndrome; earlier left shoulder arthroscopy; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated August 31, 2014, the claims administrator denied a request for cervical MRI imaging. The applicant's attorney subsequently appealed. In an August 21, 2013 progress note, it was noted that the applicant was unemployed and no longer working as a parole assistant. The applicant was using Neurontin, Prevacid, and Advil, it was noted in one section of the note, while in another section it was stated that the applicant was using Norco and Prilosec. The cervical MRI in question was sought via request for authorization form dated January 23, 2014. In a progress note of the same date, the applicant presented with left shoulder pain complaints. The applicant was described as doing well without any specific complaints. Some lower neck discomfort was noted. This was not elaborated upon. The note was somewhat difficult to follow and mingled old complaints with current complaints. 5/5 motor strength was noted about the shoulder musculature. MRI imaging of the neck was ordered to evaluate neck pain and occasional left arm paresthesias. It was stated that the applicant was approaching permanent and stationary status.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to r/o pathology for the neck pains and occasional left arm paresthesias: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182 do recommend MRI or CT imaging 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, there was no mention of applicant considering or contemplating any kind of surgical procedure or surgical intervention involving the cervical spine. The attending provider did not elaborate upon, describe, or characterized the applicant's cervical spine issues at any great length. The applicant was described as having low-grade cervical discomfort and occasional left arm paresthesias. The attending provider suggested that the applicant was approaching permanent and stationary status, implying that the applicant was not intent on pursuing any kind of surgical intervention or surgical procedure involving the cervical spine for the admittedly low grade complaints involving the same. Therefore, the request is not medically necessary.