

Case Number:	CM14-0110129		
Date Assigned:	08/01/2014	Date of Injury:	10/29/2008
Decision Date:	09/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/14/2014

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 and low back pain reportedly associated with an industrial injury of October 29, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; an occipital nerve block; an earlier lumbar laminectomy surgery; and a TENS unit rental. In a Utilization Review Report dated July 7, 2014, the claims administrator denied a request for cervical and lumbar MRI imaging studies. The claims administrator did not incorporate cited MTUS Guidelines into its rationale, it is incidentally noted. The applicant's attorney subsequently appealed. In an August 19, 2013 progress note, the applicant reported persistent complaints of neck pain, numbness and tingling about the hands, and low back pain radiating into left leg. Diminished upper extremity strength was noted in the 3-4/5 range it was stated with limited range of motion noted about the cervical spine secondary to pain. Cervical epidural steroid injection and cervical facet blocks were sought, along with a TENS unit. On July 9, 2013, it was stated that the applicant would remain on long-term disability owing to a combination of medical and mental health issues. In a March 28, 2014 progress note, the applicant reported persistent complaints of neck and low back pain ranging from 2-9/10. Upper extremity power was again scored at 3-4/5. Occipital nerve blocks, facet blocks, and suprascapular blocks were sought. On June 11, 2014, the applicant's treating provider sought authorization for MRI imaging of the lumbar spine, cervical spine, and left knee. Little or no narrative commentary was proffered. It was not stated why the imaging studies in question were being sought. In a May 19, 2014 work status report, MRI imaging of the cervical and lumbar spines was sought, with and without contrast. No narrative commentary or rationale was attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178 & 303.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI and/or CT imaging of the cervical spine 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 is no evidence that the applicant is actively considering or contemplating any kind of cervical spine surgery. While the attending provider has documented diminished upper extremity power on multiple occasions referenced above, there does not appear to have been any recent change in the clinical presentation or clinical picture. The request for authorization for the cervical MRI was not accompanied by any narrative rationale or narrative commentary. It was not stated how (or if) cervical MRI imaging would alter the treatment plan. It was not stated, for instance, that the applicant would consider a surgical remedy were it offered to him. Therefore, the request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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 evidence that the applicant is actively considering or contemplating any kind of lumbar spine surgery. The fact that the lumbar MRI was sought in conjunction with cervical and knee MRI imaging suggests that the attending provider is performing routine MRI imaging of several body parts without any intent of acting on the results of the same and/or pursuing a surgical remedy. Therefore, the request is not medically necessary.