

Case Number:	CM14-0119698		
Date Assigned:	08/06/2014	Date of Injury:	04/25/2014
Decision Date:	09/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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 injured worker has filed a claim for neck pain reportedly associated with an industrial injury of April 20, 2014. The injured worker has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated July 14, 2014, the claims administrator denied a request for cervical MRI imaging on the grounds that the applicant was not intent on pursuing any kind of surgical remedy involving the cervical spine. In a July 2, 2014 progress note, the applicant reported persistent complaints of neck pain, left shoulder pain, left arm pain, and left elbow pain. The applicant had completed six sessions of acupuncture, it was suggested. The applicant was having constant pain about the left shoulder, neck, and upper arm. The applicant had pain with driving, it was stated. The applicant had been off of work. The applicant exhibited 5/5 upper strength about the bilateral upper extremities on manual muscle testing, it was acknowledged with well-preserved cervical range of motion. Sensorium and reflex were intact. MRI imaging and regular duty work were endorsed. The attending provider suggested that the applicant had possible symptom magnification versus possible cervical radiculopathy versus possible complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter, Magnetic Resonance Imaging (MRI), Indications for Imaging.

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 of the cervical spine to validate a diagnosis of nerve root compromise, based on clear history and 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 invasive procedure involving the cervical spine. The attending provider's commentary to the fact that he suspected symptom magnification likewise argues against any bona fide pathology or nerve root compromise involving the cervical spine, as was the applicant's well-preserved upper extremity neurologic function. For all of the stated reasons, then, cervical MRI imaging is not indicated here. Therefore, the request is not medically necessary.