

Case Number:	CM14-0158311		
Date Assigned:	10/01/2014	Date of Injury:	06/05/2008
Decision Date:	11/14/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/26/2014

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, mid back, and shoulder pain reportedly associated with an industrial injury of June 5, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier shoulder surgery; unspecified amounts of physical therapy; dietary supplements; topical compounds; and extensive periods of time off of work. In an August 30, 2014 Utilization Review Report, the claims administrator denied a request for an MRI of the neck without contrast. The applicant's attorney subsequently appealed. In a January 17, 2014 progress note, the applicant reported multifocal complaints of neck and shoulder pain. The applicant was placed off work, on total temporary disability. On May 29, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of neck, mid back, and shoulder back, 6-7/10. On June 26, 2014, the applicant was described as permanent and stationary with permanent limitations in place. The applicant did not appear to be working. Multifocal neck, shoulder, and upper back pain were noted, 7 to 8/10. The applicant did report some radiation of pain from the neck to the shoulder. MRI imaging of the cervical spine, thoracic spine, and right shoulder were all sought, along with home health services.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI NECK SPINE W/O DYE: Upheld

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

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 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, the multifocal nature of the applicant's complaints, which include the neck shoulder, wrist, upper back, etc., argue any against any focal nerve root compromise associated with the cervical spine. There was, furthermore, no explicit mention (or implicit expectation) that the applicant would act on the results of the neck MRI in question and/or consider a surgical remedy were it offered. The fact that MRI imaging of multiple body parts was sought implied that the attending provider was intent on pursuing MRI imaging of multiple body parts, with no intention on acting on the results of the same. Therefore, the request is not medically necessary.