

Case Number:	CM14-0175015		
Date Assigned:	10/28/2014	Date of Injury:	07/31/2008
Decision Date:	12/04/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/22/2014

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 shoulder pain, neck pain, and wrist pain reportedly associated with an industrial injury of July 31, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and a TENS unit. In a Utilization Review Report dated October 10, 2014, the claims administrator denied a request for an MRI of the cervical spine while approving a request for a 30-day TENS unit rental. The claims administrator stated that it was basing its decision on the "2009 ACOEM Guidelines," which he mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. However, the applicant's attorney did not seemingly attach any progress notes along with the request for authorization. The September 29, 2014 and July 23, 2014 progress notes made available to the claims administrator were not seemingly incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 of the cervical spine to validate a diagnosis of nerve root compromise, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's actively considering or contemplating any kind of invasive procedure involving the cervical spine on and around the date in question, although it is acknowledged that the progress notes on which the article at issue was sought were not incorporated into the Independent Medical Review packet. The information on file, namely the Utilization Review Report, IMR application, and letter from the applicant's attorney, do not, however, support or substantiate the request. Therefore, the request is not medically necessary.