

Case Number:	CM14-0179636		
Date Assigned:	11/04/2014	Date of Injury:	11/09/2010
Decision Date:	12/12/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/29/2014

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 back, knee, and leg pain reportedly associated with an industrial injury of November 9, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 24, 2014, the claims administrator denied an MRI of the cervical spine. Non-MTUS ODG Guidelines were exclusively invoked. The claims administrator stated that the applicant did not have any issues with radiculopathy or myelopathy which would warrant the MRI in question. In a September 19, 2014 progress note, the applicant presented with a primary complaint of low back pain radiating into the bilateral lower extremities. 7/10 neck pain radiating into the left and right arm was also appreciated. The applicant was no longer working as a cook, it was acknowledged. 4+/5 upper extremity strength was appreciated, reportedly symmetric. Reflex and sensorium were also intact. Diminished grip strength was noted about both hands. The attending provider alluded the applicant's having had weakness about the upper extremities. The requesting provider, a spine surgeon, stated that MRI imaging of the neck was being endorsed to determine whether the applicant did not have any significant evidence of neurologic compromise about the cervical spine so as to warrant specific intervention involving the same. The attending provider stated that he was not certain whether the applicant's upper extremity weakness was represented bona fide weakness versus a frank neurologic deficit versus pain-mediated weakness. The attending provider noted that the applicant was not a native English speaker and that there was possibly some communication deficit. The remainder of the file was surveyed. There were no MRI studies on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI or CT imaging of the cervical spine is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the requesting provider, a spine surgeon, has indicated that he would act on the result of the cervical MRI in question and/or consider surgical intervention involving the same, were the outcome of the study positive. MRI imaging, thus, is indicated, given the upper extremity weakness and ongoing radicular complaints evident on the most recent office visit, referenced above. Therefore, the request is medically necessary.