

Case Number:	CM14-0185811		
Date Assigned:	11/13/2014	Date of Injury:	08/11/2014
Decision Date:	12/30/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/07/2014

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 neck and shoulder pain reportedly associated with an industrial injury of August 11, 2014. In a Utilization Review Report dated September 26, 2014, the claims administrator denied a request for cervical MRI imaging, stating limited supporting documentation and limited evidence of radiculopathy. The applicant's attorney subsequently appealed. In a September 26, 2014 progress note, the applicant reported ongoing complains of neck and elbow pain. The applicant was given diagnoses of cervical radiculopathy and lateral epicondylitis. Work restrictions were endorsed. MRI imaging of the cervical spine was sought. The note was very sparse, highly templated, contained in the little in way of narrative commentary. 5/5 upper extremity was appreciated about the bilateral upper extremities. Additional physical therapy, chiropractic manipulative therapy; and acupuncture were all endorsed. The applicant was working with restrictions in place, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 help 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 was no mention of the applicant's actively considering or contemplating an invasive procedure involving the cervical spine. There was no mention of the applicant's considering any kind of surgical intervention involving the cervical spine on or around the date in question. It was not stated how the proposed cervical MRI would influence or alter the treatment plan. The presentation, furthermore, was not clearly suggestive of nerve root compromise pertaining to the cervical spine. The applicant retained well preserved, 5/5 bilateral upper extremity strength. All of the foregoing, taken together, did not make a compelling case for the proposed cervical MRI. Therefore, the request is not medically necessary.