

Case Number:	CM14-0031052		
Date Assigned:	03/13/2014	Date of Injury:	02/06/2001
Decision Date:	04/16/2014	UR Denial Date:	02/28/2014
Priority:	Expedited	Application Received:	03/12/2014

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], who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 6, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; electrodiagnostic testing of July 12, 2012 notable for a slight chronic right C7 radiculopathy; hearing aids for hearing loss; and extensive periods of time off of work. In a Utilization Review Report of February 28, 2014, the claims administrator denied a request for repeat cervical MRI imaging. In a clinical progress note of January 23, 2014, the applicant presented with neck pain, tinnitus, and headaches. It is stated that the applicant was most recently worked up in late 2012. The applicant is sitting normally in no apparent distress and has a normal neurologic exam. The applicant is on Valium. A repeat MRI imaging of the brain and cervical spine are sought. An earlier note of January 23, 2014 is notable for comments that the applicant has been deemed "permanently totally disabled."

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT REPEAT MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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 is "recommended" 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 applicant is described as having a "normal" neurologic exam on the January 23, 2014 office visit in question. There was no mention of any neurologic compromise about either arm. There was no mention of the applicant's actively considering or contemplating cervical spine surgery. Therefore, the request for urgent repeat MRI imaging of the cervical spine is not certified, on Independent Medical Review.