

Case Number:	CM14-0035286		
Date Assigned:	06/23/2014	Date of Injury:	12/03/2012
Decision Date:	11/24/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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 and shoulder pain reportedly associated with cumulative trauma at work first claimed on December 3, 2012. Thus far, the applicant has been treated with following: Analgesic medications; nine sessions of physical therapy, per the claims administrator; and 15 sessions of chiropractic manipulative therapy. In a Utilization Review Report dated March 6, 2014, the claims administrator denied a request for cervical MRI imaging, invoking non-MTUS ODG guidelines exclusively. In an October 7, 2013, progress note, the applicant reported ongoing complaints of neck and shoulder pain, unchanged. The applicant was given a diagnosis of cervical sprain/strain with associated degenerative symptoms. It stated that MRI imaging had shown significant degenerative changes, multilevel. On February 18, 2014, the applicant apparently consulted another physician, reporting 3/10 throbbing neck and shoulder pain. The applicant did have comorbid psoriasis, it was acknowledged. The applicant exhibited 5/5 upper extremity strength, intact upper extremity reflexes and intact upper extremity sensorium. MRI imaging of the thoracic spine and Mentherm gel were endorsed. The applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI(Magnetic resonance images) of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines ,MRI ,Neck and upper back chapter

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 acknowledge that 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, in this case, however, the requesting provider did not clearly state or suggest that the applicant was considering or completing any kind of invasive procedure involving the cervical spine. The applicant did not explicitly report radicular complaints on the office visit in question, referenced above. The applicant's intact upper extremity strength, sensorium, reflexes, moreover, argue against the presence of any focal nerve root compromise involving the cervical spine. Therefore, the request is not medically necessary.