

Case Number:	CM14-0036851		
Date Assigned:	06/25/2014	Date of Injury:	01/15/2014
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/26/2014

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 pain reportedly associated with an industrial injury of January 15, 2014. Thus far, the applicant has been treated with the following: Analgesic medications and unspecified amounts of physical therapy. In a utilization review report dated February 26, 2014, the claims administrator denied a request for cervical magnetic resonance imaging (MRI) imaging, stating that cervical MRI imaging was premature. The claims administrator did not incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. In a doctor's first report dated January 16, 2014, the applicant was given diagnoses of neck pain with associated radicular symptoms. Neurontin, Norco, and a Velcro thumb splint were prescribed. On January 20, 2014, the applicant was placed off of work, on total temporary disability, for one day. It was stated that the applicant was requesting an ergonomic evaluation and, furthermore, was alleging pain secondary to cumulative trauma at work. In a later note of February 7, 2014, the applicant presented with persistent neck and upper extremity pain. The applicant was reportedly frustrated by lack of improvement. The applicant stated that an ergonomically unfriendly work station was causing problems. The applicant had generalized tenderness about the cervical spine with no obvious neurologic deficits. It was stated that electrodiagnostic testing was pending. The applicant was asked to continue Naprosyn, Flexeril, Norco, and a soft cervical collar. MRI imaging of the cervical spine was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine without contrast material:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

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

Decision rationale: While the California Medical Treatment Utilization Schedule (MTUS) adopted American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition, (2004) Guidelines in Chapter 8, Table 8-8, page 182 do recommend cervical magnetic resonance imaging (MRI) imaging 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 had no clear evidence of neurologic compromise, either by history, on exam, or electrodiagnostically, on or around the date of the request. The applicant was described as neurologically intact, with no focal upper extremity neurologic deficits. Electrodiagnostic testing on February 11, 2014, was later negative. There was no mention, insinuation, or suggestion that the applicant was a candidate for or considering cervical spine surgery. Therefore, the request is not medically necessary.