

Case Number:	CM14-0061529		
Date Assigned:	07/09/2014	Date of Injury:	05/03/2013
Decision Date:	09/11/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/02/2014

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 pain reportedly associated with an industrial injury of May 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; unspecified amounts of acupuncture; transfer of care to and from various providers in various specialties; functional capacity testing; and work restrictions. In a Utilization Review Report dated April 11, 2014, the claims administrator denied a request for cervical MRI imaging. The applicant's attorney subsequently appealed. In a handwritten note dated October 4, 2013, difficult to follow, not entirely legible, the applicant represented with multifocal 6-8/10 neck, mid back, low back, wrist, knee, and shoulder pain. Seven different x-rays were ordered. The attending provider sought authorization for cervical, thoracic, lumbar, bilateral shoulder, bilateral knee, and left wrist MRIs, along with electrodiagnostic testing and functional capacity testing. A rather proscriptive 15-pound lifting limitation was endorsed. Flexeril, Naprosyn, Prilosec, and tramadol were prescribed. The applicant did not appear to be working with the aforementioned limitations in place. It appears that the attending provider renewed request for cervical, thoracic, lumbar, left wrist, right knee, and bilateral shoulder MRI imaging on November 25, 2013. Several of the MRI studies in question were again sought via handwritten notes interspersed throughout earlier 2014, the majority of which employed preprinted check boxes with little or no narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

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 MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, does recommend MRI or CT imaging to validate diagnosis of nerve root compromise, based on clear history and physical exam finding, in preparation for an invasive procedure, in this case, however, the attending provider's handwritten progress notes do not establish the presence of any clear history or physical findings suggestive of nerve root compromise associated with cervical spine. The attending provider simply wrote on multiple office visits that the applicant's physical exam was unchanged, it is incidentally noted. The multifocal nature of the applicant's complaints also argues against the presence of any focal nerve root compromise associated with the cervical spine. There was no clear statement from the attending provider that the applicant was actively considering or contemplating a surgical remedy or other invasive procedure involving the cervical spine. Therefore, the request is not medically necessary.