

Case Number:	CM14-0186685		
Date Assigned:	11/14/2014	Date of Injury:	08/30/2013
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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, low back, bilateral shoulder, and bilateral knee pain reportedly associated with an industrial injury of August 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; shoulder corticosteroid injection; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for cervical MRI imaging. The applicant's attorney subsequently appealed. Electrodiagnostic testing of July 31, 2014 was notable for chronic bilateral L5 radiculopathy with no evidence of diabetic neuropathy appreciated. On July 23, 2014, the applicant was placed off of work, on total temporary disability. Persistent complaints of shoulder and low back pain were noted. The attending provider stated that he did suspect a left-sided cervical radiculopathy generating associated numbness and tingling. An unspecified muscle relaxant and topical compounded Terocin were renewed while the applicant was kept off of work. In a July 22, 2014 medical-legal evaluation, it was acknowledged that the applicant had not worked since the date of the injury and was receiving worker's compensation indemnity benefits. The medical-legal evaluator did suggest that the applicant has complaints of neck pain, bilateral forearm pain, and bilateral shoulder pain. The medical-legal evaluator noted some trapezius tenderness on exam. It was stated that the applicant needed MRI imaging of the bilateral knees and bilateral shoulders along with the electrodiagnostic testing of the bilateral upper extremities. Work restrictions were endorsed. On August 22, 2014, the applicant again reported ongoing complaints of bilateral shoulder pain. Back pain and associated numbness about the lower extremities was noted. The attending provider then stated that the applicant had

cervical strain versus disk herniation causing left-sided cervical radiculopathy. The attending provider acknowledged that the cervical spine was not an accepted body part.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Magnetic Resonance Imaging (MRI).

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-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182 do acknowledge that cervical MRI imaging is "recommended" 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 neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of proposed cervical MRI imaging and/or consider surgical intervention involving the cervical spine. The multifocal nature of the applicant's complaints, which included the bilateral shoulders, low back, bilateral knees, etc., made it, by definition, less likely that the applicant would actually consider surgical intervention involving the cervical spine. The bulk of the attending provider's reporting, furthermore, revolves around discussion of the low back, bilateral knees, and bilateral shoulders with comparatively little to no weight given to cervical spine complaints. Therefore, the request is not medically necessary.