

Case Number:	CM14-0190215		
Date Assigned:	11/21/2014	Date of Injury:	06/03/2003
Decision Date:	01/12/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/13/2014

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 62-year-old [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 3, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; multiple interventional spine procedures involving the cervical spine; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated November 4, 2014, the claims administrator denied a request for a repeat cervical MRI. The claims administrator invoked non-MTUS ODG Guidelines exclusively, despite the fact that the MTUS addressed the topic. The claims administrator stated that the applicant had undergone cervical spine surgery in 2004 and further cited an October 29, 2014 progress note in which it was stated that the applicant had worsening neck pain. The applicant's attorney subsequently appealed. In an October 29, 2014 progress note, the applicant reported persistent complaints of neck pain, reportedly increased since the last visit. The applicant was using Vicodin, Relafen, tramadol, Lipitor, and metformin, it was stated. The applicant was overweight, with a BMI of 30. The applicant had undergone neck and facial surgery, in addition to cervical spine surgery. Well-preserved upper extremity strength was appreciated with diminished sensorium noted about the left upper extremity. It was stated that the applicant had also undergone a bone growth stimulator following poor consolidation of the earlier cervical spine surgery. It was stated that the applicant did not wish to pursue cervical epidural steroid injection therapy and further stated that the applicant was "not interested in surgery or injections." Cervical MRI imaging was nevertheless sought, along with 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for 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 (ODG)

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 applicant explicitly stated on October 29, 2014 that he did not wish to pursue further cervical spine surgery and did not wish to pursue any kind of invasive intervention involving the cervical spine. It is not clear what roles cervical MRI imaging would have in the clinical context present here. Therefore, the request is not medically necessary.