

Case Number:	CM14-0203182		
Date Assigned:	12/15/2014	Date of Injury:	04/10/2001
Decision Date:	02/09/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/04/2014

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, mid back pain, low back pain, leg pain, and elbow pain reportedly associated with an industrial injury of April 10, 2001. In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator did not incorporate any guidelines into its rationale, but did state that its decision was based on non-MTUS Third Edition ACOEM Guidelines. An October 28, 2014 progress note was also referenced. On November 6, 2014, the applicant was given diagnoses of cervical sprain with radiculopathy, chest contusion with sprain, and possible chronic pericarditis. Multifocal complaints of neck pain, low back pain, leg pain, and elbow pain were reported. The applicant was receiving manipulative therapy and physical therapy. The applicant was apparently transitioning toward chronic, long-term disability, it was suggested. The applicant's upper extremity strength was scored at 3/5. This was not elaborated upon, however. The note compromised almost entirely of preprinted checkboxes, with little to no narrative commentary. In a November 6, 2014 RFA form, an ophthalmology follow up visit and MRI imaging of the neck were sought with little to no narrative commentary. On September 4, 2014, chiropractic manipulative therapy, massage therapy, Soma, Norco, tramadol, and folate were endorsed.

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.

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

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 compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's actively considering or contemplating any kind of invasive procedure involving the cervical spine on or around the date in question. The cervical MRI was seemingly sought via an RFA form, with little-to-no associated narrative commentary. The attending provider did not, furthermore, reconcile his report at 3/5 upper extremity pain with the applicant's seemingly intact reflexes and sensorium. The attending provider's progress note compromised almost entirely of preprinted checkboxes and did not include any statements of whether or not the applicant was considering any kind of surgical intervention, involving the cervical spine. Given the multifocal nature of the applicant's complaints, which include the elbows, legs, back, neck, etc., strongly suggests that the applicant was not, in fact, intent on acting on the results of the proposed cervical MRI and/or consider surgical intervention involving the same based on the outcome and study in question. Therefore, the request is not medically necessary.