

Case Number:	CM14-0208010		
Date Assigned:	12/22/2014	Date of Injury:	09/17/2014
Decision Date:	02/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 September 17, 2014. In a Utilization Review Report dated November 12, 2014, the claims administrator denied a request for cervical MRI imaging. A progress note dated November 5, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. On said November 5, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant was a 34-year-old maintenance worker, it was incidentally noted. A rather proscriptive 5-pound lifting limitation was endorsed while both cervical and lumbar MRI imaging were ordered. The attending provider acknowledged that the applicant had not worked since the date of injury with the rather proscriptive 5-pound lifting limitation in place. The applicant exhibited 5/5 strength about the bilateral upper and bilateral lower extremities on manual muscle testing. Additional physical therapy was also endorsed along with the cervical and lumbar MRIs. The attending provider acknowledged that the applicant did not have any radicular complaints but went on to order MRI imaging nevertheless.

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 and Upper Back Chapter (Acute & Chronic), MRI

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

Decision rationale: While the MTUS Guideline in ACEOM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical spine is recommended to evaluate 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 did not have findings of nerve root compromise. The attending provider himself acknowledged that the applicant did not have any radicular complaints and further noted that applicant presented with 5/5 bilateral upper extremity strength and a normal gait on the November 5, 2014 office visit on which the cervical MRI in question was ordered. There was no mention of the applicant's willingness to undergo any kind of interventional procedure based on the outcome of the study in question. Therefore, the request is not medically necessary.