

Case Number:	CM14-0217423		
Date Assigned:	01/07/2015	Date of Injury:	09/19/2013
Decision Date:	05/05/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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, New York, 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 44-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 19, 2013. In a Utilization Review report dated December 19, 2014, the claims administrator failed to approve a request for cervical MRI imaging. An October 15, 2014 progress note was referenced in the determination, along with a RFA form of December 12, 2014. The applicant's attorney subsequently appealed. In a handwritten progress note dated December 29, 2014, difficult to follow, the applicant reported ongoing complaints of bilateral shoulder pain. Ancillary complaints of neck pain and headaches were reported. Physical therapy to include various modalities was proposed. The note was very difficult to follow and contained no references to the need for MRI imaging. On October 15, 2014, the applicant reported ongoing complaints of neck and shoulder. The applicant was using Naprosyn and Flexeril for pain relief. The applicant exhibited 5/5 right upper extremity strength in some planes versus 5/5 about the remainder of the bilateral upper extremities. Earlier electrodiagnostic testing of March 27, 2014 was interpreted as negative for any cervical radiculopathy or peripheral neuropathy. Cervical MRI imaging was proposed, along with physical therapy. Naprosyn and Flexeril were renewed. The applicant had apparently developed moderately severe depression associated with chronic pain. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. The requesting provider was a physician assistant (PA), it was incidentally noted.

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 Chronic Pain Treatment Guidelines.

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

Decision rationale: No, the request for MRI imaging of the cervical spine was not medically necessary, medically appropriate or indicated here. While the MTUS Guidelines in ACOEM Chapter 8, Table 8/8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical therapy exam findings, in preparation for an invasive procedure. In this case, however, there was mention of the applicant's willingness to consider or contemplate any kind of invasive procedure or surgical intervention involving the cervical spine based on the outcome of the study in question. The requesting provider, furthermore, was a physician assistant (PA) as opposed to a spine surgeon, reducing the likelihood of the applicant's acting on the results of the cervical MRI in question. The applicant's psychiatric and psychological overlays, ongoing issues with depression, and superimposed issues with chronic shoulder pain, moreover, further obfuscated the clinical picture and argued against the presence of any focal nerve root compromise referral to the cervical spine. Therefore, the request was not medically necessary.