

Case Number:	CM15-0106400		
Date Assigned:	06/10/2015	Date of Injury:	01/27/2011
Decision Date:	07/16/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/02/2015

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 46-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of psychological stress reportedly associated with an industrial injury of January 27, 2011. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced a May 8, 2015 RFA form and associated progress note of March 12, 2015 in its determination. The applicant's attorney subsequently appealed. On April 22, 2015, the applicant was placed off of work, on total temporary disability. The applicant had ongoing issues with neck pain, low back pain, psychological stress, and insomnia, it was reported. The applicant was given a diagnosis of left C5 radiculopathy. The note was very difficult to follow and mingled historical issues with current issues. The attending provider stated that the applicant needed to obtain a cervical MRI but did not state how the proposed cervical MRI influence or alter the treatment plan. Radiation of neck pain to left arm was reported with hyposensorium noted about the same. It was not stated how (or if) the proposed cervical MRI would influence or alter the treatment plan. On March 12, 2015, the applicant reported ongoing complaints of neck and low back pain. The attending provider stated that the applicant was a good candidate for cervical MRI imaging but, once again, did not state how the proposed cervical MRI would influence or alter the treatment plan. Hyposensorium was noted about the left hand. The applicant was again placed off of work, on total temporary disability. The requesting provider, it was incidentally noted, was a pain management physician.

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.

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

Decision rationale: No, the proposed cervical MRI was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine, to help validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of invasive procedure or surgical intervention based on the outcome of the study in question. The attending provider's progress notes of March 12, 2015 and April 22, 2015 did not clearly state how (or if) the proposed cervical MRI would influence or alter the treatment plan. There was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the same. The requesting provider was a pain management physician (as opposed to a spine surgeon or neurosurgeon), reducing the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.