

Case Number:	CM15-0106964		
Date Assigned:	06/11/2015	Date of Injury:	01/09/2014
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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 56-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 9, 2014. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced a progress note dated May 15, 2015 in its determination. The applicant's attorney subsequently appealed. On May 15, 2015, the applicant reported ongoing, multifocal complaints of low back pain, left leg pain, neck pain, and left arm pain. The note was difficult to follow and mingled historical issues with current issues. 5-7/10 pain complaints were reported. The applicant had apparently had cervical degenerative disk disease established on x-ray studies of the cervical spine. 5/5 upper and lower extremity strength was noted with hyposensorium about the left arm and left leg on exam. The applicant did exhibit an antalgic gait. Neurontin, Naprosyn, and tramadol were endorsed while the applicant was placed off of work, on total temporary disability. Lumbar and cervical MRI imaging were ordered. It was not stated how the proposed MRI study would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) 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 request for MRI imaging of the cervical spine 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 imaging of the cervical spine to help validate a 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 involving the cervical spine based on the outcome of the study in question. The May 15, 2015 progress note did not state how (or if) the proposed cervical MRI would influence or alter the treatment plan. The requesting provider of that date did not appear to be a spine surgeon, reducing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider a surgical intervention based on the outcome of the same. The fact that two different MRI studies of the cervical and lumbar spines were ordered, furthermore, likewise significantly reduced the likelihood of the applicant's acting on the results of either study and/or going on to consider surgical intervention based on the outcome of the same. There was, in short, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or consider surgical intervention here. Therefore, the request was not medically necessary.