

Case Number:	CM15-0015754		
Date Assigned:	02/03/2015	Date of Injury:	10/04/2007
Decision Date:	04/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/27/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 4, 2007. In a Utilization Review Report dated December 29, 2014, the claims administrator failed to approve a request for cervical MRI imaging. A progress note of December 12, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. The cervical MRI was apparently performed on December 31, 2014, despite the unfavorable Utilization Review determination and was notable for mild hypertrophic changes and low-grade disk protrusion at C2-C3 and C3-C4 with facet arthropathy evident on C4-C5 and C5-C6. In a progress note dated December 12, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant had developed issues with depression associated with his inability to work. The applicant had not worked since 2007, it was further noted. Ancillary complaints of neck pain were evident. The applicant received multiple lumbar epidural steroid injections. An overall pain score of 7/10 was appreciated. The applicant reported some worsening neck pain. 4+/5 bilateral upper extremity strength was appreciated with a shuffling and cautious gait also noted. The applicant was asked to pursue cervical MRI imaging. Cymbalta and sacroiliac joint injection therapy were endorsed, along with trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Cervical MRI QTY1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back (updated 11/18/14).

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 recommended cervical MRI imaging to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the December 12, 2014 progress note at issue contained no references to the applicant's willingness to consider or contemplate any kind of surgical intervention involving the cervical spine. It was not stated how the cervical spine MRI would or would not influence the treatment plan. It is further noted that the applicant appears to have received the cervical spine MRI on December 31, 2014. Said cervical MRI imaging was essentially negative and failed to uncover evidence of a lesion amenable to surgical correction. Therefore, the request was not medically necessary.