MAXIMUS Federal Services

Case Number:	CM15-0136906		
Date Assigned:	07/24/2015	Date of Injury:	04/15/2010
Decision Date:	08/26/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/15/2015

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 32-year-old who has filed a claim for chronic neck pain and headaches reportedly associated with an industrial injury of April 15, 2010. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced a May 28, 2015 progress note in its determination. On June 6, 2015, the applicant was asked to remain off of work until further notice owing to a variety of mental health issues. In a medical progress note dated May 28, 2015, the applicant reported ongoing complaints of neck pain, low back pain, depression, and posttraumatic headaches. The applicant reported heightened complaints of neck pain radiating into the bilateral arms. The applicant was on Oxycodone, Calan, Wellbutrin, Cymbalta, Nucynta, Zoloft, Tylenol, QVAR, and albuterol, it was reported. Surgical scarring was evident about the cervical spine. The applicant exhibited a normal gait. 5/5 bilateral upper extremity strength was appreciated. Multiple medications were renewed. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. Heightened depressive symptoms were reported. Zoloft was renewed. The attending provider stated that he was ordering MRI imaging of the cervical spine to evaluate increased dysphagia. The applicant had undergone earlier failed cervical spine surgery, it was reported. The applicant apparently had a pending neurosurgery follow up visit, it was acknowledged. The note was very difficult to follow as it mingled historical issues with current issues.

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 without contrast: Overturned

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: Yes, the request for cervical MRI imaging was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI imaging is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the applicant had undergone earlier cervical spine surgery, as reported above. The applicant reported heightened radicular pain complaints on May 28, 2015, the treating provider reported. The applicant acknowledged to have developed ancillary complaints of dysphagia. The applicant had a pending neurosurgery follow up visit, it was reported. The applicant's heightened radicular pains, dysphagia, the fact that the applicant had earlier spine surgery, and the fact that the applicant had a neurosurgery follow up visit, taken together, strongly suggested that there was a high likelihood of the applicant's acting on the results of the cervical MRI in question and/or go on to consider surgical intervention based on the same. Therefore, the request was medically necessary.