MAXIMUS Federal Services

Case Number:	CM15-0147529		
Date Assigned:	08/10/2015	Date of Injury:	06/04/2014
Decision Date:	09/10/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/29/2015

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 51-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 4, 2014. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve a request for cervical MRI imaging. An RFA form received on July 7, 2015 was referenced in the determination, along with an associated progress note of July 7, 2015. The applicant's attorney subsequently appealed. On an RFA form of July 7, 2015, cervical MRI imaging was sought. In an associated progress note of June 10, 2015, the claimant reported ongoing complaints of neck pain, depression, shoulder pain, and anxiety. Work restrictions were endorsed. It was not clearly stated whether the claimant was or was not working with said limitation in place. The claimant was asked to continue home exercises. There was no mention made of the need for cervical MRI imaging. The provider on this date was a chiropractor, 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 (Magnetic Resonance Imaging) 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 request for cervical MRI imaging 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 a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the applicant's presentation of June 10, 2015 was not, in fact, suggestive or evocative of nerve root compromise referable to the cervical spine or upper extremities. The requesting provider was a chiropractor (as opposed to a spine surgeon or neurosurgeon), significantly reducing the likelihood of the claimant's acting on the results of the study in question and/or considering surgical intervention based on the outcome of the same. The June 10, 2015 progress note did not clearly state why the cervical MRI in question was sought. 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 based on the outcome of the same. Therefore, the request was not medically necessary.