

Case Number:	CM15-0191961		
Date Assigned:	10/06/2015	Date of Injury:	05/13/2014
Decision Date:	11/20/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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 60-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 13, 2014. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced an August 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 17, 2015 office visit, the applicant reported worsening complaints of neck pain with associated radicular complaints, 7/10, status post earlier cervical spine surgery on May 26, 2015. The note was difficult to follow as it mingled historical issues with current issues. The applicant reported 50% axial pain and 50% radicular pain, it was reported. The applicant was still smoking, it was stated. The attending provider contended that the applicant had signs of myelopathy present, citing a difficult tandem gait. 4/5 right biceps strength was reported with 5/5 strength appreciated about the remainder of the upper extremities. The attending provider stated that the applicant would remain off of work, on total temporary disability, while physical therapy and cervical MRI imaging were sought. The attending provider stated that a new cervical MRI was needed to address the applicant's continuing neck pain and worsening radicular pain complaints. The requesting provider was the applicant's spine surgeon, it was reported.

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, without contrast, as outpatient:
 Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: Yes, the proposed MRI of the cervical spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI or CT imaging is recommended to evaluate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the applicant apparently presented with heightened radicular pain complaints on the August 17, 2015 office visit at issue. The attending provider contended that the applicant had undergone an earlier failed cervical spine surgery some 2-1/2 months prior. The applicant was described as having diminished right biceps muscle strength and a difficult tandem gait, which the treating provider speculated was the result of either a cervical radiculopathy or a cervical myelopathy type process. The fact that the requesting provider was the applicant's spine surgeon (who had previously operated upon the applicant) significantly increased the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.