

Case Number:	CM15-0197264		
Date Assigned:	10/12/2015	Date of Injury:	05/08/2015
Decision Date:	11/30/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/07/2015

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 34-year-old who has filed a claim for neck pain reportedly associated with an industrial injury of May 8, 2015. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve a request for MRI imaging of the cervical spine. The claims administrator referenced an RFA form received on September 22, 2015 in its determination and a progress note seemingly dated September 8, 2015. The applicant's attorney subsequently appealed. On said September 8, 2015 office visit, the applicant reported ongoing issues with neck pain and alleged inability to function. The applicant reported an alleged alternation in visual acuity. The applicant had been terminated by his former employer, it was reported. The applicant reported a history of migraine headaches. The applicant reported persistent issues with blurred vision, dizziness, and vertigo. Paresthesias about the right hand were also evident. The applicant exhibited an intact gait and intact cranial nerve testing with symmetric upper and lower extremity strength. The applicant's visual acuity was well preserved in the clinic, it was reported. MRI imaging of the cervical spine and CT imaging of the brain were sought. Neurology consultation and electrodiagnostic testing of bilateral upper extremities were overall endorsed. An ophthalmology evaluation was also sought. The applicant was placed off of work, on total temporary disability.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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. While the MTUS Guideline in ACOEM Chapter 8, Table 8-4, page 172 does acknowledge that imaging studies are not recommended for applicants who carry a diagnosis of cervical radiculopathy for four to six weeks in the absence of progressive motor weakness, here, however, the applicant was some three months to 12 weeks removed from the date of the injury as of the date of the request, September 8, 2015. The applicant continued to report complaints of neck pain with associated upper extremity paresthesias. Obtaining cervical MRI imaging to delineate the extent of the applicant's radicular pain complaints was, thus, indicated. Therefore, the request was medically necessary.