MAXIMUS Federal Services

Case Number:	CM15-0202608		
Date Assigned:	10/19/2015	Date of Injury:	01/20/2015
Decision Date:	12/07/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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 and low back pain reportedly associated with an industrial injury of January 20, 2015.In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve a request for cervical and lumbar MRI imaging. The claims administrator referenced a September 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a Doctor's First Report (DFR) dated August 18, 2015, the applicant reported multifocal complaints of neck, bilateral shoulder, bilateral elbow, and bilateral wrist, low back and bilateral knee pain with derivative complaints of psychosis, anxiety, and depression. X-rays of the neck, low back, bilateral shoulders, bilateral elbows, and bilateral wrists were endorsed, along with a functional capacity testing, medical consultation, psychiatric consultation, and 6 sessions of acupuncture. The applicant was seemingly placed off of work. On September 22, 2015, the applicant was, once again, placed off of work, on total temporary disability. Multifocal complaints of neck, low back, bilateral shoulders, bilateral wrists, and bilateral knee pain with derivative complaints of psychological stress, depression, and anxiety were reported. The applicant was asked to pursue physical therapy, obtain a TENS-EMS device, obtain acupuncture, and obtain MRI studies of the cervical and lumbar spines. Electrodiagnostic testing of the upper and lower extremities was sought while the applicant was placed off of work, on total temporary disability. It was not stated how (or if) the proposed MRI studies would influence or alter the treatment plan. The requesting provider was a chiropractor (DC), it was acknowledged.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for MRI imaging of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical spine is "recommended" 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 and multifocal complaints of neck, low back, bilateral shoulders, bilateral wrists, and bilateral knee pain with superimposed psychological stress, anxiety, depression, insomnia, etc., was neither suggestive nor evocative of nerve root compromise referable to the cervical spine or upper extremity. The fact that multiple MRI studies were concurrently ordered, including of the cervical and lumbar spines, moreover, reduced the likelihood of the applicant's acting on the results of either study and/or going on to consider surgical intervention based on the outcome of the same. The fact that the requesting provider was a chiropractor (as opposed to a neurosurgeon or spine surgeon) further reduced 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 is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being considered. Here, as with the preceding request, the fact that multiple MRI studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of either study and/or go on to consider surgical intervention based on the outcome of the same. The fact that the requesting provider was a chiropractor (as opposed to a spine surgeon or neurosurgeon) further reduced the likelihood of the applicant's acting on the results of the study in question and/or consider surgical intervention based on the outcome of the same. There was, in short, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of either study and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.