

Case Number:	CM15-0025720		
Date Assigned:	02/18/2015	Date of Injury:	03/22/2012
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/10/2015

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, Ohio, 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 52-year-old who has filed a claim for neck pain, shoulder pain, headaches, depression, and anxiety reportedly associated with an industrial injury of March 27, 2012. In a Utilization Review Report dated January 10, 2015, the claims administrator denied a request for cervical MRI imaging. A progress note of December 9, 2014, was apparently referenced in the determination. The applicant's attorney subsequently appealed. On December 16, 2014, the applicant reported persistent complaints of headaches, neck pain, shoulder pain, low back pain, and bilateral knee pain. The applicant was using a walker. Highly variable 8 to 9/10 pain complaints were reported. The applicant was using four Percocet daily. Percocet and Cymbalta were apparently renewed. There was no mention of the need for cervical MRI imaging in this case. No rationale for cervical MRI imaging was furnished on this occasion. On July 15, 2014, the applicant was placed off of work, on total temporary disability. Lumbar epidural steroid injection therapy was sought. On October 29, 2014, the applicant was given a refill of OxyContin, the applicant remained off of work throughout 2014, it was acknowledged. The cervical MRI at issue was apparently endorsed on December 9, 2014, the attending provider stated that he was ordering cervical MRI imaging and the applicant had persistent complaints of neck pain radiating to bilateral upper extremities. Diminished left upper extremity motor and left upper extremity sensory deficits were evident. The requesting provider, a spine surgeon, stated that the applicant would likely require surgical decompression.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Repeat MRI (Cervical Spine): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Yes, the proposed MRI was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines, in ACOEM Chapter 8, Table 8-8, page 182, MRI or CT imaging of cervical spine is recommended to validate the diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the requesting provider, an orthopedic spine surgeon, has stated that he would act on the results of the proposed cervical MRI and/or consider surgical intervention based on the outcome of the same. The applicant did present reporting heightened upper extremity radicular pain complaints on or around the date in question, December 9, 2014. Sensory and motor deficits were present on that date. Moving forward with the proposed cervical MRI, thus, was indicated. Therefore, the request was medically necessary.