

Case Number:	CM15-0029588		
Date Assigned:	02/23/2015	Date of Injury:	01/17/2015
Decision Date:	04/21/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/18/2015

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 [REDACTED] employee who has filed a claim for neck pain reportedly associated with an industrial injury of January 7, 2015. In a Utilization Review Report dated February 5, 2015, the claims administrator denied a request for cervical MRI imaging. An RFA form dated January 22, 2015 was referenced in the determination. The applicant subsequently appealed. In a handwritten emergency department note dated January 18, 2015, the applicant was given diagnosis of acute neck strain. The applicant was given a shot of Toradol and discharged in reportedly stable condition. In a progress note dated February 16, 2015, handwritten, difficult to follow, not entirely legible, MRI imaging of the cervical spine was endorsed while the applicant was placed off work, on total temporary disability. The applicant did not exhibit any weakness about the upper extremities, the treating provider acknowledged, admittedly through usage of pre-printed checkboxes. It was not stated how the MRI in question would influence or alter the treatment plan. The applicant was seemingly given a prescription for Norco.

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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

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 recommend MRI or CT imaging of the neck and/or upper back, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, there was no mention of the applicant's willingness to consider or contemplate any kind of invasive procedure based on the outcome of the cervical MRI in question. No clear rationale for the study in question was furnished. The handwritten progress note of February 16, 2015 was difficult to follow, not entirely legible, and comprised, for the most part, preprinted checkboxes, with little-to-no narrative commentary. The attending provider, it is incidentally noted, did acknowledge that the applicant had normal upper extremity sensorium, arguing against the presence of nerve root compromise referable to the cervical spine and/or upper extremities. The requesting provider was not, moreover, a spine surgeon, reducing the likelihood of the applicant's acting on the results of the study in question. Therefore, the request is not medically necessary.