

Case Number:	CM15-0214183		
Date Assigned:	11/04/2015	Date of Injury:	07/19/2014
Decision Date:	12/22/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/30/2015

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 44-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 19, 2014. In a Utilization Review report dated October 16, 2015, the claims administrator failed to approve a request for a cervical spine MRI. The claims administrator referenced a September 25, 2015 office visit in its determination. On an RFA form dated October 12, 2015, cervical MRI imaging was sought. On an associated September 25, 2015 office visit, the applicant reported ongoing issues with neck and shoulder pain. The applicant reported numbness and tingling about the right hand. The applicant also had superimposed complaints of depression, the treating provider reported. The applicant's past medical history was notable for hypertension. Limited cervical range of motion was noted. The applicant exhibited symmetric reflexes and a non-focal sensory and motor exam. Cervical MRI imaging was sought while gabapentin was endorsed. The applicant was "precluded from her usual and customary work," the treating provider reported. The treating provider imposed a 5-pound lifting limitation which, the treating provider suggested, would likely result in the applicant's removal from the workplace. The requesting provider was a physiatrist, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld

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

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 acknowledges that MRI or CT imaging of the neck and upper back is recommended to validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of invasive procedure or surgical intervention involving the cervical spine based on the outcome of the study in question. The fact that the requesting provider was a physiatrist (as opposed to a neurosurgeon or spine surgeon) significantly reduced the likelihood that the applicant was acting on the results of the study in question. There was no mention of the applicant's willingness to consider or contemplate surgical intervention based on the outcome of the same. It was not stated how (or if) the proposed cervical MRI would influence or alter the treatment plan. Therefore, the request is not medically necessary.