

Case Number:	CM15-0216372		
Date Assigned:	11/06/2015	Date of Injury:	01/20/2010
Decision Date:	12/24/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/03/2015

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] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 20, 2010. In a Utilization Review report dated October 28, 2015, the claims administrator failed to approve a request for MRI imaging of the cervical spine. The claims administrator referenced an October 9, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 21, 2015, the applicant reported multiple complaints of neck, wrist, and thumb pain. The applicant was placed off of work, on total temporary disability. The attending provider made no mention of the need for MRI imaging. A second opinion neurology consultation was sought to evaluate the applicant's alleged ulnar neuropathy. On October 9, 2015, the applicant reported ongoing issues with neck pain. The note was somewhat difficult to follow as it did not follow standard SOAP format. The treating provider stated that the applicant needed to undergo further workup in the form of the EMG testing of the upper extremities, and/or repeat MRI imaging of the cervical spine. The attending provider contended that the claimant had developed issues with carpal tunnel syndrome versus a bilateral C5-C6 cervical radiculopathy. The treating provider contended that the claimant would likely require a hand surgery evaluation, a neurosurgery evaluation, and/or a pain management evaluation. On a Medical-legal Evaluation dated May 29, 2015, a Qualified Medical Evaluator (QME) noted that the claimant had undergone earlier cervical discectomy and fusion surgery at C5-C6.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2015, Neck and Upper Back.

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

Decision rationale: Yes, the request for MRI imaging of the cervical spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI imaging is deemed recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the treating provider's October 9, 2015 office visit, while admittedly difficult to follow and written in a non-standard format, did seemingly suggest that the applicant had a history of cervical spine surgery, had heightened neck pain complaints radiating to the upper extremities, and was seemingly intent on pursuing a neurosurgery consultation/neurosurgery evaluation based on the outcome of the cervical MRI at issue. It did appear, thus, that the applicant was intent on considering further surgical recommendation based on the outcome of the study in question. Therefore, the request is medically necessary.