

Case Number:	CM15-0031552		
Date Assigned:	02/24/2015	Date of Injury:	02/08/2014
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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 37-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of February 8, 2014. In a Utilization Review Report dated February 9, 2015, the claims administrator denied cervical MRI imaging, invoking non-MTUS ODG Guidelines, despite the fact that MTUS did address the topic. In a February 3, 2015 progress note, the applicant reported ongoing complaints of neck pain, 5/10, with radiation of pain to the hands. Ancillary complaints of mid and low back pain were also reported, exacerbated by gripping, grasping, standing, lifting, carrying, pushing, and pulling. The applicant had received physical therapy and manipulative therapy through other providers, it was acknowledged. The applicant was on Vicodin, Flexeril, Ambien, and Ultracet. The attending provider stated that he was seeking cervical MRI imaging on the grounds that the applicant's medical-legal evaluator had suggested the same. Electrodiagnostic testing of the bilateral upper extremities, acupuncture, a psychiatric consultation, Norco, Flexeril, and tramadol were all endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Cervical without Contrast: Upheld

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

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

Decision rationale: No, the request for cervical MRI imaging 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 cervical spine in applicants with suspected diagnoses of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the requesting provider made no mention of the applicant's considering or contemplating any kind of surgical intervention involving the cervical spine based on the outcome of the study. The multifocal nature of the applicant's complaints 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. Therefore, the request was not medically necessary.