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| Case Number: | CM15-0032990 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 11/15/1998 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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 48-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 15, 1998. In a Utilization Review Report dated January 14, 2015, the claims administrator failed to approve a request for cervical MRI imaging. A December 12, 2014 progress note was referenced in the determination. The applicant had undergone multiple lumbar and cervical spine surgeries, the claims administrator acknowledged. The applicant's attorney subsequently appealed. In a December 12, 2014 progress note, the applicant reported persistent complaints of low back and neck pain status post multiple cervical and lumbar spine surgeries. The applicant was nevertheless apparently working full time as a registered nurse despite ongoing pain complaints. The note was somewhat difficult to follow and mingled historical complaints with current complaints. The applicant exhibited reduced cervical spine range of motion with a normal upper extremity motor exam. An abnormal sensory exam was reported with multiple palpable tender points also evident about the trapezius and rhomboid musculature. The applicant was described as stable. The applicant was asked to continue her present program and present medication regimen. In an RFA form of the same date, December 12, 2014, the applicant was asked to obtain lumbar MRI imaging, cervical MRI imaging, cervical plain films, and lumbar plain films.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

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

Decision rationale: No, the proposed cervical MRI was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend CT or MRI imaging to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the applicant has longstanding chronic neck pain issues status post multiple cervical spine surgeries. The attending provider suggested on December 12, 2014 that the applicant was stable on the current regimen. There was no mention of the applicant's willingness to consider or contemplate any further cervical spine surgery based on the outcome of the cervical MRI. Little to no narrative rationale or narrative commentary accompanied the request at hand. Therefore, the request was not medically necessary.