

Case Number:	CM15-0039564		
Date Assigned:	03/10/2015	Date of Injury:	10/20/1997
Decision Date:	04/16/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/02/2015

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 61-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 20, 1997. In a Utilization Review Report dated February 5, 2015, the claims administrator denied a request for cervical MRI imaging. The applicant's attorney subsequently appealed. In a January 27, 2015 progress note, the applicant reported ongoing complaints of shoulder and elbow pain. Ancillary complaints of facial numbness and upper extremity paresthesias were noted. MRI imaging of the shoulder was sought to search for suspected rotator cuff tear. On August 7, 2014, the applicant was described as unemployable. The applicant had various complaints, including pulmonary fibrosis, wrist pain, elbow pain, shoulder pain, hand pain, neck pain, and mid back pain. Neurontin, Terocin, LidoPro, Lyrica, and Xanax were renewed. The cervical MRI in question was endorsed via an RFA form dated February 5, 2015. At the same time, Xanax and Percocet were also renewed. The attending provider concurrent sought authorization for MRI imaging of the bilateral shoulders. The applicant was described as off work. The applicant was described as having various and sundry complaints, including bilateral shoulder pain, elbow pain, carpal tunnel syndrome, cervical radiculopathy, cervicogenic headaches, depression, weight gain, and anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) without contrast of the cervical spine: 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): Magnetic resonance imaging (MRI).

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 MRI or CT imaging of the cervical spine 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, neither the applicant's primary treating provider (PTP) nor the applicant's shoulder surgeon made any mention on the February 2015 progress note that the applicant was willing to consider or contemplate any kind of surgical intervention involving the cervical spine, based on the outcome of the study in question. The multifocal nature of the applicant's pain complaints, which included the shoulders, elbows, wrists, hands, neck, mid back, etc., significantly reduced the likelihood of the applicant's acting on the results of the proposed cervical MRI and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.