

Case Number:	CM15-0045194		
Date Assigned:	03/17/2015	Date of Injury:	03/28/2002
Decision Date:	04/22/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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 63-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 28, 2002. In a Utilization Review Report dated February 19, 2015, the claims administrator failed to approve a request for cervical MRI imaging. An RFA form and associated progress note of February 4, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On February 4, 2015, the applicant reported ongoing complaints of neck pain with reportedly associated fourth and fifth digit pain. Both the applicant's neck and shoulder pain were worsening, the treating provider contended. The attending provider suggested that the applicant might have shoulder tenderness and/or shoulder weakness associated with an occult cervical radiculopathy process. Neurontin and regular duty work were endorsed. The attending provider acknowledged that the applicant's primary pain generator, however, was the shoulder was opposed to the cervical spine. In a letter dated February 25, 2015, the attending provider acknowledged that the applicant was well managed on Neurontin. The attending provider stated that the applicant did not need a cervical MRI because the applicant was significantly improved. 5/5 shoulder strength was appreciated. The applicant's primary pain generator was the shoulder, as stated on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Low Back Chapter.

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

Decision rationale: No, the request for a 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 neck and/or upper back to 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 was not, in fact, intent on pursuing any kind of invasive or interventional procedure insofar as the cervical spine was considered. Several of the applicant's treating providers acknowledged that the applicant's primary pain generator was, in fact, the shoulder, not the cervical spine. The applicant's well-preserved upper extremity motor function on February 23, 2015 progress note lead the applicant's treating provider to withdraw the previously proposed cervical MRI imaging. The requesting provider was not, furthermore, a spine surgeon, reducing likelihood that the applicant is acting on the results of the study in question and/or considering surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.