

Case Number:	CM15-0049831		
Date Assigned:	03/23/2015	Date of Injury:	02/04/2011
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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 44-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 4, 2011. In a Utilization Review Report dated March 11, 2015, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced electrodiagnostic testing of March 11, 2014 notable for bilateral carpal tunnel syndrome. A March 2, 2015 progress note was also referenced in the determination. The applicant's attorney subsequently appealed. On March 23, 2015, the applicant reported ongoing complaints of neck pain radiating into the left arm. Shoulder pain was also appreciated. 4-5/10 pain complaints were reported. The applicant did exhibit paresthesias about the left upper extremity. Morphine, Neurontin, and cervical MRI imaging were endorsed while the applicant was placed off of work, on total temporary disability. Flexeril and naproxen were also continued. The attending provider stated that he was requesting MRI imaging of the cervical spine to rule out a disk herniation, stenosis, or facet arthropathy. There was no mention of how the proposed cervical MRI would influence or alter the treatment plan on this occasion. In an earlier note dated March 16, 2015, the applicant reported ongoing complaints of neck pain radiating into left arm, reportedly severe, requiring usage of analgesia with morphine. The attending provider stated that the applicant might ultimately require cervical spine surgery if MRI findings were sufficiently positive. The attending provider reiterated his request for MRI imaging of the cervical spine while keeping the applicant 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:

MRI (magnetic resonance imaging), Cervical Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Yes, the proposed cervical MRI 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 of the cervical spine is "recommended" for the purposes of validating a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the attending provider has maintained that the applicant may very well be a candidate for cervical spine surgery, given reportedly severe neck pain complaints radiating into the left arm. The attending provider suggested that the cervical MRI in question was intended to help formulate a treatment plan, which included a possible surgical consultation and/or surgical intervention. Therefore, the request was medically necessary.