

Case Number:	CM15-0059402		
Date Assigned:	05/18/2015	Date of Injury:	01/05/2015
Decision Date:	06/16/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	03/30/2015

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 39-year-old who has filed a claim for neck and shoulder pain reportedly associated with an industrial injury of January 12, 2015. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve request for cervical MRI imaging. A March 12, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On March 9, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was given diagnoses of cervical strain, right shoulder strain, pectoralis strain, and myospasm. The applicant did report numbness, tingling, and paresthesias about the right arm, collectively rated at 7/10. The applicant had a history of earlier shoulder surgery, it was reported. 5/5 bilateral upper extremity strength was appreciated with intact coordination. The applicant exhibited a positive provocative testing about the injured shoulder. Chiropractic manipulative therapy was proposed. In a RFA form dated March 12, 2015, cervical MRI imaging was proposed. In an associated progress note of the same date, March 12, 2015, the applicant was described as having issues with alleged cervical radiculopathy with hyposensorium noted about the C6 region, cervical strain, trapezius strain, and lumbar strain. The applicant was asked to pursue chiropractic manipulative therapy. MRI imaging of the cervical spine was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: No, the proposed MRI of the cervical spine 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 diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the progress note and RFA form of March 12, 2015 made no mention of the applicant's actively considering or contemplating any kind of surgical intervention or invasive procedure based on the outcome of the study in question. Rather, all evidence on file pointed to the applicant seems intent to continue and/or maximize conservative treatments. Chiropractic manipulative therapy commenced on March 9, 2015. Thus, conservative treatment had not been exhausted on or around the date that the MRI in question was requested. The MRI in question would not seemingly have influenced the treatment plan as there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the cervical MRI in question and/or consider surgical intervention based on the outcome of the same. The requesting provider was a physiatrist, not a spine surgeon, further reducing the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.