MAXIMUS Federal Services

Case Number:	CM15-0084859		
Date Assigned:	05/07/2015	Date of Injury:	12/18/2014
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/04/2015

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 58-year-old who has filed a claim for neck, shoulder, and low back pain reportedly associated with an industrial injury of December 18, 2014. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve requests for cervical MRI imaging. The claims administrator referenced an RFA form received on March 25, 2015 in its determination, along with a progress note dated February 25, 2015. The applicant's attorney subsequently appealed. The applicant was declared permanent and stationary on April 29, 2015. The applicant was given a 22% whole person impairment rating. The applicant's primary pain generator was the shoulder, it was acknowledged. The attending provider stated that previously performed cervical MRI imaging was "essentially normal." On March 11, 2015, the applicant reported moderate-to-severe shoulder pain complaints. The applicant was asked to consider a total shoulder arthroplasty. A consultation with a surgeon specializing in the same was endorsed. On February 25, 2015, the applicant reported ongoing complaints of bilateral shoulder, neck, and back pain. The applicant had a long history of previous shoulder complaints status post multiple prior shoulder surgeries, it was reported. The applicant was on Norco, Hyzaar, Norvasc, Prilosec, aspirin, and Motrin, it was acknowledged. Diffuse cervical paraspinal muscles were noted. The applicant had normal motor function about the bilateral upper extremities with intact reflexes and sensorium. MRI imaging of the bilateral shoulders and MRI imaging of the cervical spine were endorsed, along with a 20-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, MRI.

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

Decision rationale: No, the request for cervical MRI imaging 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, here, however, there was no mention of the applicant's considering or contemplating any kind of invasive procedure involving the cervical spine on or around the date in question, February 25, 2015. Rather, it appeared that the attending provider was ordering cervical MRI imaging for routine evaluation purposes on that date. The fact that the attending provider ordered three separate MRI studies, namely MRI imaging of the right shoulder, MRI imaging of the left shoulder, and MRI imaging of the cervical spine, significantly reduced the likelihood of the applicant's acting on the results of any one study and/or consider surgical intervention based on the outcome of the same. Additionally, the applicant's presentation on February 25, 2015 was not, in fact, suggestive of any active cervical radicular process. The applicant did not seemingly have radicular pain complaints present on that date. The applicant exhibited well-preserved bilateral upper extremity strength, sensorium, and reflexes, it was further reported. Finally, the attending provider stated on April 29, 2015 that the cervical MRI at issue had been performed, despite the adverse Utilization Review determination, and was "essentially normal." Not all of the foregoing, taken together, made a compelling case for the cervical MRI at issue. Therefore, the request was not medically necessary.