

Case Number:	CM15-0086250		
Date Assigned:	05/08/2015	Date of Injury:	01/24/2000
Decision Date:	06/12/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/05/2015

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 36-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 24, 2000. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve a request for cervical MRI imaging. A progress note of March 15, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a Medical-legal report of January 6, 2015, the applicant was placed off of work, on total temporary disability. The applicant was given various diagnoses, including chronic neck pain, cervical radiculopathy, failed neck surgery syndrome, thoracic outlet syndrome, anxiety, depression, headaches, and myalgias. The applicant was asked to continue acupuncture. The applicant had undergone a fusion surgery at C3-C4. The applicant's medications included Soma, tramadol, Flector, Maxalt, Elavil, capsaicin cream, Biofreeze, and ibuprofen, it was reported. On February 17, 2015, the applicant underwent a right pectoralis minor tendon release procedure. In a handwritten note seemingly dated March 24, 2015, difficult to follow, 12 sessions of physical therapy were endorsed while the applicant was placed off of work, on total temporary disability. Large portions of the progress note were quite difficult to follow. A consultation was also proposed. The applicant did exhibit 5/5 upper extremity strength, it was reported. On December 17, 2014, the applicant reported ongoing complaints of neck pain status post earlier cervical fusion surgery. The applicant had residuals of thoracic outlet syndrome, it was reported. The applicant was asked to obtain cervical MRI imaging. It was not stated how (or if) the proposed cervical MRI would influence or alter the treatment plan. On March 3, 2015, the applicant was placed off of work, on total temporary disability. On March 15, 2015, the applicant was again described as having ongoing complaints of headaches, neck pain, shoulder pain, arm pain,

hand pain, and finger pain, reportedly attributed to the thoracic outlet syndrome. It was stated that the applicant should undergo MRI imaging of the cervical spine, obtain a stellate ganglion block, pursue physical therapy, and then consider an angiogram and/or venogram procedure for presumed thoracic outlet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for 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 -Neck and Upper Back.

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

Decision rationale: No, the request for MRI imaging 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 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 willingness to consider or contemplate any kind of surgical intervention or invasive procedure involving the cervical spine based on the outcome of the study in question. The applicant's presentation, including 5/5 upper extremity motor function, furthermore, was not seemingly suggestive of an active cervical radiculopathy or cervical radiculitis process. The fact that the applicant had been given various other diagnoses, including thoracic outlet syndrome, pectoralis muscle strain, etc., significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.