

Case Number:	CM15-0088613		
Date Assigned:	05/12/2015	Date of Injury:	01/10/2012
Decision Date:	09/02/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/08/2015

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 55-year-old who has filed a claim for chronic neck, low back, shoulder, hand, and knee pain reportedly associated with an industrial injury of January 10, 2012. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced an RFA form received on April 16, 2015 in its determination. The applicant's attorney subsequently appealed. A September 18, 2012 medical-legal evaluation was notable for commentary that the applicant was off of work, on total temporary disability, on that date, multifocal complaints including neck pain, back pain, shoulder pain, hand pain, and knee pain. The remainder of the file was surveyed. The claims administrator's medical evidence log suggested that the most recent note on file was in fact dated September 23, 2014; thus, the April 16, 2015 progress note and associated RFA form made available to the claims administrator were not seemingly incorporated into the IMR packet. On said September 23, 2014 progress note, the applicant reported ongoing complaints of neck and shoulder pain with tenderness about the paraspinal musculature. The claimant was on Norco for pain relief, it was reported. Grip strength scored a 4/5 bilaterally. Positive Tinel and Phalen signs appreciated bilaterally. The note was difficult to follow. The claimant was given diagnoses of carpal tunnel syndrome, chronic neck pain, chronic shoulder pain, and dyslipidemia. Tylenol No. 3 was endorsed. There was no mention of cervical MRI imaging being proposed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical: 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 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 acknowledge that MRI or CT imaging of the cervical spine is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the April 16, 2015 progress note on which the article in question was sought was not seemingly incorporated into the IMR packet. The historical information on file, including the September 23, 2014 progress note made no mention of the need for cervical MRI imaging. There was no mention of the claimant's considering or contemplating any kind of surgical intervention involving the cervical spine based on the outcome of the study in question. The September 23, 2014 progress note, furthermore, seemingly suggested that the bulk of the claimant's complaints stem from carpal tunnel syndrome as opposed to representing a function of cervical nerve root compromise. The historical information on file, in short, failed to support or substantiate the request. Again, the April 16, 2015 progress note on which the article in question was proposed was not seemingly incorporated into the IMR packet. Therefore, the request was not medically necessary.