

Case Number:	CM14-0130120		
Date Assigned:	08/18/2014	Date of Injury:	06/30/2000
Decision Date:	10/30/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 30, 2000. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; and unspecified amounts of aquatic therapy. In a Utilization Review Report dated July 31, 2014, the claims administrator denied a request for cervical MRI imaging. The applicant's attorney subsequently appealed. In a handwritten note dated January 15, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck and low back pain. On March 6, 2014, the applicant was again placed off of work, on total temporary disability. In a handwritten note dated June 10, 2014, the applicant was asked to employ acupuncture in conjunction with infrared therapy owing to ongoing complaints of low back pain. In a handwritten note dated July 15, 2014, difficult to follow, not entirely legible, the applicant was again described as not working. Persistent complaints of thumb and low back pain were reportedly pending. Neck pain was also reported. The applicant was apparently using Norco four times daily for pain relief. Electrodiagnostic testing of bilateral upper extremities, cervical MRI imaging, and aquatic therapy were apparently sought.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & upper back (acute & chronic)

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was/is no clear evidence of any nerve root compromise associated with the cervical spine and/or bilateral upper extremities on any of the progress notes, referenced above, which was sparse, handwritten, difficult to follow, and not entirely legible. There was no mention that the applicant is actively considering or contemplating any kind of surgical procedure or surgical remedy involving the cervical spine. Therefore, the request is not medically necessary.