

Case Number:	CM14-0141911		
Date Assigned:	10/13/2014	Date of Injury:	10/16/2003
Decision Date:	11/13/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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 pain, shoulder pain, elbow pain, and wrist pain reportedly associated with an industrial injury of October 16, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder arthroscopy; earlier carpal tunnel release surgery; unspecified amounts of physical therapy; sleep aids; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 14, 2014, the claims administrator denied a request for cervical MRI imaging. Despite the fact the MTUS addressed the topic, the claims administrator nevertheless invoked non-MTUS ODG guidelines in its denial. The applicant's attorney subsequently appealed. In a progress note dated August 4, 2014, the applicant reported worsening neck pain and right hand numbness in the preceding month. The applicant was having difficulty gripping, grasping, holding things, and writing. The applicant stated that he was quite concerned about the worsening numbness. The applicant was using Ambien, Vicodin, Cymbalta, and Motrin, it was acknowledged. Limited cervical range of motion was noted with reduced grip strength about the right hand and diminished sensorium also appreciated about the same. MRI imaging of the cervical spine was sought to rule out any worsening pathology. It was stated that the applicant could potentially be a candidate for further epidural steroid injection therapy. Multiple medications were renewed. Electrodiagnostic testing was also sought to establish the level of cervical radiculopathy. It was acknowledged that the applicant was not working and was receiving [REDACTED] benefits. In a later note dated August 18, 2014, it was again stated that the applicant had worsening right hand numbness and neck pain. MRI imaging of the cervical spine was again sought. The attending provider stated that the need for epidural steroid injection therapy would be predicated on the results of the cervical MRI in question.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition, Neck and Upper Back (Acute and Chronic), Magnetic Resonance Imaging (MRI)

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI and/or CT imaging of the cervical spine are "recommended" 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, the applicant apparently has worsening cervical radiculopathy with associated arm numbness and diminished grip strength appreciated on several office visits, referenced above. The attending provider has posited that the results of the cervical MRI imaging in question would influence the treatment plan and would determine the applicant's need for epidural injection therapy. This is an appropriate usage of cervical MRI imaging, per ACOEM. Therefore, the request is medically necessary.