MAXIMUS Federal Services

Case Number:	CM14-0144947		
Date Assigned:	09/12/2014	Date of Injury:	06/24/2011
Decision Date:	10/16/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/08/2014

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 wrist pain reportedly associated with an industrial injury of June 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; reported diagnosis with chronic reflex sympathetic dystrophy over the left hand following earlier wrist surgery; and stellate ganglion blocks.In a Utilization Review Report dated September 5, 2014, the claims administrator denied a request for a cervical MRI. The claims administrator noted that the applicant had received authorization for cervical MRI imaging on an earlier Utilization Review Report dated April 14, 2014. The claims administrator invoked non-MTUS ODG guidelines exclusively in its denial.The applicant's attorney subsequently appealed. In a June 29, 2014 progress note, the applicant reported persistent complaints of left upper extremity pain. The applicant was reportedly working, despite heightened complaints of left upper extremity pain, paresthesias, allodynia, etc. The attending provider complained that the claims administrator had denied requests for Lyrica, Pamelor, Dilaudid, and Xanax. It was stated that the applicant's ability to use his left hand and wrist was minimal. In another section of the report, it was stated that the applicant was on "temporary disability" due to her painful condition. The applicant exhibited allodynia and discoloration about the left hand and multiple digits. The applicant was given intermuscular Toradol/vitamin B12 injection in the clinic setting. The attending provider appealed previously denied Butrans, a stellate ganglion block, Lyrica, Dilaudid, and a spinal cord stimulator implantation. The note was very difficult to follow and mingles old complaints with current complaints. In an August 6, 2014 progress note, it was stated at the bottom of the report that the applicant continued to remain very capable of working. In another section of the note, however, it was stated that the applicant was currently on "temporary disability." The applicant was

depressed, it was stated. 8/10 pain was appreciated about the left hand. A Toradol/vitamin B12 injection was given in the clinic. MRI imaging of the wrist was again sought. The remainder of the file was surveyed. The bulk of the information on file pertains to issues associated with the applicant's left wrist and left upper extremity. There was comparative little to no information on the applicant's neck or cervical spine. In an April 3, 2014 progress note, the applicant apparently consulted a spine specialist, again reporting left upper extremity pain. The attending provider suggested that the applicant obtain a "baseline cervical MRI scan" even though the applicant had "no history of neck problems." The applicant was reportedly using Lyrica, Pamelor, Xanax, Dilaudid, and Exalgo, it was stated on this occasion. It was stated that the applicant was in the process of pursuing a spinal cord stimulator implantation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Procedure Summary

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI 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, in this case, however, there is no evidence that the applicant is considering or contemplating any kind of invasive procedures associated with the cervical spine. Rather, it appears that the applicant is intent on pursing a spinal cord stimulator for chronic regional pain syndrome of the left upper extremity. Given the lack of any complaints referable to the cervical spine, it does not appear that MRI imaging of the same is indicated, particularly it does not appear that the cervical MRI in question would influence the applicant's decision to pursue a spinal cord stimulator for CRPS, with has already been agreed upon and reportedly approved by the claims administrator. Therefore, the request for baseline cervical MRI imaging is not medically necessary.