

Case Number:	CM14-0166297		
Date Assigned:	10/13/2014	Date of Injury:	05/06/2002
Decision Date:	11/14/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/09/2014

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 shoulder pain reportedly associated with an industrial injury of May 6, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; a back brace; opioid agents; earlier spine surgery, earlier lumbar spine surgery; and reported return to work. In a Utilization Review Report dated September 20, 2014, the claims administrator denied a request for a cervical MRI. Despite the fact that the MTUS addresses the topic, the claims administrator nevertheless exclusively invoked non-MTUS ODG Guidelines to deny the same. The applicant's attorney subsequently appealed. In a May 20, 2014 progress note, the applicant reported persistent complaints of neck and low back pain status post earlier cervical and lumbar spine surgeries. The applicant was using a cervical collar and back brace on an as-needed basis when travelling for work. The applicant's medication list included Synthroid, prednisone, testosterone, Bystolic, Lodine, Norco, Neurontin, OxyContin, Wellbutrin, Zanaflex, it was acknowledged. Decreased sensorium was noted about the left arm with grossly normal motor strength noted on neurologic exam. The applicant was asked to continue working regular duty. Multiple medications were renewed. On September 30, 2014, the applicant again reported persistent complaints of neck pain. It was again stated that the applicant was working. Diminished sensorium was noted about the left arm. The applicant was described as functional in terms of performance of activities of daily living. Multiple medications were refilled. The applicant was again returned to regular duty work. It was stated that cervical MRI imaging was sought. This was not elaborated or expounded upon, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine without contrast: 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 (ODG), repeat MRI

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 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 no mention that the applicant is actively considering or contemplating further spine surgery on or around the date in question, September 17, 2014. While the applicant did have ongoing complaints of neck pain radiating into the left arm and associated dysesthesias noted on exam, the attending provider has not elaborated or expounded upon the need for MRI imaging here. It was not stated how (or if), the proposed cervical MRI would influence the treatment plan. There was no explicit statement (or implicit expectation) that the applicant would act on the results of the cervical MRI in question and/or consider further cervical spine surgery based on the outcome of the same. Therefore, the request is not medically necessary.