MAXIMUS Federal Services

Case Number:	CM14-0023220		
Date Assigned:	05/14/2014	Date of Injury:	12/06/2001
Decision Date:	08/27/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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 reportedly associated with an industrial injury of December 6, 2001.Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; earlier cervical disk replacement surgery in June 2012; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated February 1, 2014, the claims administrator denied a request for cervical MRI imaging, invoking non-MTUS ODG Guidelines. Overall rationale was sparse. The claims administrator stated that earlier thoracic and lumbar MRI imaging had been performed and that these findings did represent the source of the applicant's complaints. The claims administrator did not incorporate non-MTUS ODG Guidelines into its rationale, it is further noted.In a September 19, 2013 progress note, the applicant presented with persistent complaints of low back pain radiating into legs. The applicant also reported some numbness, tingling, and paresthesias about the upper extremities in the C6 and C8 distributions. The applicant was status post multilevel disk replacement surgery at C4-C5 and C5-C6, it was acknowledged. The applicant was described as disabled. The applicant was receiving monies from Social Security Disability Insurance (SSDI). The applicant was using Ambien, Benadryl, Magnesium, Oxycodone, Cilium, and Senna. The applicant exhibited normal upper and lower extremity reflexes with 5/5 bilateral upper extremity strength. Updated lumbar and thoracic MRI imaging were sought.The lumbar MRI of October 1, 2013 was notable for compression deformity and degenerative disease of uncertain significance.On January 22, 2014, the applicant presented with persistent complaints of mid back pain, low back pain, leg pain and foot pain. The applicant stated that she was having issues with weakness about the legs. The attending provider stated that he felt the applicant's symptoms were

myelopathic in nature. 7-9/10 pain was noted. The applicant was described as having some numbness about the arms at times. The applicant continues to smoke. The applicant remained off of work. The applicant was uncomfortable, exhibited a normal gait, and some weakness about the lower extremity musculature. Repeat thoracic MRI was sought as the attending provider felt that the thoracic MRI was the source of the applicant's complaints.On April 16, 2014, the attending provider complained about the claims administrator's denials of imaging studies. The applicant reported 8-9/10 pain. The applicant was having some issues with paresthesias about the upper extremities, urinary incontinence requiring usage of pads, and difficulty sleeping. The applicant was tearful. The applicant was described as having hyperreflexia about the knees. Some hyposensorium was noted about the arms. The attending provider stated that the applicant had persistent myelopathic symptoms, which he now believed were emanating either from the thoracic spine or the cervical spine. MRIs of these body parts were again sought, while Oxycodone was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck, repeat MRI studies.

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, 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, the attending provider has posited that the applicant has developed a myelopathy. The applicant is having symptoms and signs which include weakness about the legs, dysesthesia/paresthesias about the arms, and urinary incontinence. Earlier lumbar MRI imaging was essentially negative, leaving the cervical and/or thoracic spines as the possible sources of the applicant's symptoms. MRI imaging to determine the presence or absence or a myelopathic process emanating from the cervical spine is therefore indicated. Accordingly, the request is medically necessary.