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| Case Number: | CM15-0013475 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 04/03/2000 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 01/21/2015 |
| Priority: | Standard | Application Received: | 01/22/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 53 year old female who sustained a work related injury on April 3, 2000. There was no mechanism of injury documented. The injured worker was diagnosed with chronic cervicalgia, recurrent myofascial strain, bilateral shoulder arthralgia, impingement syndrome and radicular pain in the upper extremities. The injured worker had right shoulder surgery (unknown date and procedure). According to the primary treating physician's progress report on November 20, 2014 the injured worker continues to experience progressive neck and shoulder pain bilaterally. Current medications are listed as Kadian, Roxicodone, Neurontin, Amrix, Savella, and Lidoderm Patches. Current treatment modalities were not noted. The treating physician requested authorization for Cervical Spine Magnetic Resonance Imaging (MRI). On January 21, 2015 the Utilization Review denied certification for Cervical Spine Magnetic Resonance Imaging (MRI). Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine MRI: 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) web 2014 - Indications for imaging - MRI: Chronic neck pain.

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

Decision rationale: No, the proposed cervical MRI is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging is recommended to help validate 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 of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the cervical spine based on the outcome of the proposed cervical MRI. It appeared, based on the October 23, 2014 progress note, that the attending provider was intent on performing cervical MRI imaging for routine or evaluation purposes, with no clearly formed intention of acting on the results of the same. The attending provider did not clearly outline how the proposed cervical MRI would influence or alter the treatment plan. The applicant's presentation, furthermore, was not at all suggestive of nerve root compromise pertaining to the cervical spine and/or upper extremities as the applicant was also described as having other pain generators, including occipital nerve. Therefore, the request was not medically necessary.