

Case Number:	CM15-0014966		
Date Assigned:	02/02/2015	Date of Injury:	11/01/2006
Decision Date:	05/27/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/26/2015

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 applicant is a represented 55-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 1, 2006. In a Utilization Review report dated December 29, 2014, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced a RFA form received on December 15, 2014 in its determination, along with progress notes of December 10, 2014 and October 29, 2014. The applicant's attorney subsequently appealed. On April 29, 2014, the applicant reported ongoing, long-standing complaints of neck, low back, bilateral shoulders, and bilateral groin pain, currently rated at 9/10. The applicant was using MS Contin, immediate release oxycodone, and Lyrica for pain relief, it was acknowledged. The applicant's work status was not clearly stated. The remainder of the file was surveyed. It did not appear that the December 10, 2014 progress note and associated December 15, 2014 RFA form made available to the claims administrator were incorporated into the IMR packet.

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 without contrast material: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 182.

Decision rationale: No, the request for a cervical MRI was 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 of the neck and/or upper back are "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, the applicant's clinical presentation was not seemingly suggestive of a focal cervical radiculopathy or cervical radiculitis process. The multiplicity and multifocal nature of the applicant's pain complaints, which included the bilateral shoulders, bilateral upper extremities, low back, lower extremities, groin region, neck, etc., was not suggestive of a focal cervical radiculopathy process. There was no mention of the applicant's willingness to contemplate any kind of surgical intervention involving the cervical spine based on the outcome of the study in question. While it is acknowledged that the December 10, 2014 progress note made available to the claims administrator was not seemingly incorporated into the IMR packet, the historical information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.