

Case Number:	CM15-0112518		
Date Assigned:	06/19/2015	Date of Injury:	06/18/2009
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/11/2015

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 61-year-old who has filed a claim for chronic neck, low back, knee, and wrist pain reportedly associated with an industrial injury of June 18, 2009. In a Utilization Review report dated June 5, 2015, the claims administrator failed to approve a request for an open MRI of the cervical spine. The claims administrator referenced a May 21, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, stated that the most recent progress note on file was dated October 16, 2014; thus, the May 21, 2015 progress note on which the article in question was proposed was not seemingly incorporated into the IMR packet. On August 17, 2013, the applicant was given refills of Celebrex, Tramadol, Dexilant, Lyrica, Tizanidine, and Levsin. Multifocal complaints of neck, knee, wrist, and low back pain with derivative complaints of sleep disturbance were reported. The applicant had undergone an earlier lumbar laminectomy surgery and a carpal tunnel release surgery, it was reported. In a supplemental report dated October 16, 2014, the applicant's treating provider noted that the applicant had ongoing issues with unchanged cervical radiculopathy, residual symptoms of paresthesias about the digits status post earlier left carpal tunnel release surgery, and persistent complaints of low back pain status post earlier lumbar fusion surgery. The attending provider also noted that the applicant developed bilateral knee arthritis. There was no mention of the applicant's considering or contemplating a cervical spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open unit MRI (magnetic resonance imaging), Cervical Spine, as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd Ed, Cervical and Thoracic Spine Disorders, pg. 45.

Decision rationale: The request for open cervical MRI imaging was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical or invasive procedure involving the cervical spine based on the outcome of the study in question. It is acknowledged, however, that the May 21, 2015 progress note and associated RFA form on which the article in question was proposed were not incorporated into the IMR packet. The historical information on file, however, seemingly failed to substantiate the need for cervical MRI imaging. The MTUS does not address the topic of the open MRI component of the request. As noted in the Third Edition ACOEM Guidelines Cervical and Thoracic Spine Disorders Chapter, open MRIs are not recommended except in circumstances of morbid obesity or claustrophobia which is not alleviated with the low-dose anxiolytic administered prior to the procedure. Here, again, the May 21, 2015 progress note on which the article in question was sought was not incorporated into the IMR packet. The historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.