MAXIMUS Federal Services

Case Number:	CM15-0123979		
Date Assigned:	07/08/2015	Date of Injury:	05/29/2014
Decision Date:	08/11/2015	UR Denial Date:	06/06/2015
Priority:	Standard	Application Received:	06/26/2015

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 [redacted] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 29, 2014. In a Utilization Review report dated June 6, 2015, the claims administrator approved a request for electro diagnostic testing of bilateral upper extremities, approved a request for MRI imaging of the right shoulder, and denied a request for MRI imaging of the cervical spine. The claims administrator referenced a June 2, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 2, 2015, the applicant's primary treating provider, a chiropractor (DC) ordered MRI imaging of the cervical spine, MRI imaging of the right shoulder, x-rays of the thoracic spine, and a pain management consultation while keeping the applicant off of work, on total temporary disability. The treating provider stated that he was ordering the test largely on the recommendations of a Qualified Medical Evaluator (QME). Multifocal complaints of neck, shoulder, mid back, and low back pain were reported. The note was very sparse and did not contain much in the way of narrative commentary. On an associated RFA form dated June 2, 2015, pain management consultation, x-rays of the cervical spine, x-rays of the lumbar spine, x-rays of the thoracic spine, MRI imaging of the right shoulder, and MRI imaging of the cervical spine were all ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: No, the request for MRI imaging of the cervical spine 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, in preparation for an invasive procedure, here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of invasive procedure involving the cervical spine based on the outcome of the study in question. Overall commentary on the June 2, 2015 progress note was sparse but did not state how (or if) the proposed cervical MRI would influence or alter the treatment plan. The requesting provider was, furthermore, was a chiropractor (DC), as opposed to a spine surgeon or neurosurgeon, significantly reducing the likelihood that the applicant's acting on the results of the proposed cervical MRI and/or going on to consider or contemplate any kind of surgical intervention involving the same. The fact that multiple MRI and plain film studies, including studies of the cervical spine, shoulder, thoracic spine, lumbar spine, etc., were concurrently ordered also suggested that these tests were being ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The multifocal nature of the applicant's pain complaints, furthermore, also argued against presence of any bona fide nerve root compromise referable to the cervical spine. Therefore, the request was not medically necessary.