

Case Number:	CM15-0124136		
Date Assigned:	07/08/2015	Date of Injury:	04/23/2011
Decision Date:	08/11/2015	UR Denial Date:	06/15/2015
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 48-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 23, 2011. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced an RFA form received on June 9, 2015 along with an associated progress note of June 8, 2015 in its determination. The applicant's attorney subsequently appealed. On May 19, 2015, the applicant presented some two weeks removed from date of earlier wrist surgery. Ancillary complaints of shoulder and elbow pain were reported. Voltaren and Prilosec were endorsed while the applicant was placed off of work, on total temporary disability. The applicant was given a wrist cast of some kind. On April 27, 2015, the applicant reported ongoing complaints of neck pain and headaches. The attending provider stated that the applicant did not have any radiating upper extremity pain, paresthesias, and weakness emanating from the cervical spine. The applicant exhibited normal muscle bulk and tone about the bilateral upper extremities with intact sensorium appreciated about the same. Earlier MRI studies of cervical spine performed on March 4, 2015 and May 24, 2013 were notable for multilevel low-grade disk bulge of uncertain clinical significance, without evidence of neurologic compression. The applicant had no evidence of radiculopathy. It was stated that the applicant's neck pain complaints were a result of greater occipital neuralgia. Physical therapy was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the cervical spine without contrast: 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) Treatment for Worker's Compensation, Online Edition, 2015 Chapter Neck.

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

Decision rationale: No, the request for cervical MRI imaging was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines 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, the applicant's presentation was not, in fact, suggestive of bona fide cervical radiculopathy process. The applicant was described as denying any radiating pain complaints on an April 27, 2015 office visit. The applicant exhibited normal muscle bulk and tone about the bilateral upper extremities. The attending provider reported that the applicant's symptoms were suggestive of an occipital neuralgia as opposed to cervical radiculitis-type process. The attending provider alluded to earlier cervical MRI studies of March 4, 2015 and May 24, 2013, which were notable for low-grade degenerative changes of uncertain clinical significance. It did not appear, thus, that the applicant was intent on acting on the results of the study in question, nor did it appear that the applicant was intent on pursuing any kind of surgical remedy involving the cervical spine. Therefore, the request was not medically necessary.