MAXIMUS Federal Services

Case Number:	CM15-0124925		
Date Assigned:	07/09/2015	Date of Injury:	02/22/2012
Decision Date:	08/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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 34-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 22, 2012. In a Utilization Review report dated June 9, 2015, the claims administrator failed to approve a request for MRI imaging of the cervical spine. The claims administrator referenced an RFA form received on June 3, 2015 in its determination, along with an associated progress note of May 4, 2015. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported ongoing complaints of wrist pain status post a de Quervain tenosynovitis release surgery on February 2, 2015. Ancillary complaints of neck pain with associated right upper extremity numbness were noted. The applicant also had tertiary and quaternary pain generators of right shoulder and left wrist pain, it was further noted. Multiple medications, including Flexeril, Naprosyn, Protonix, Norco, additional postoperative physical therapy for the wrist, and updated cervical MRI imaging were sought. The attending provider stated that the applicant had not had cervical MRI in three years. It was not stated how (or if) cervical MRI would influence or alter the treatment plan. Work restrictions were endorsed. The attending provider stated that the updated cervical MRI was being employed for the purpose of ruling out any new lesion.

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: 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, Chapter 12 Low 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 validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the multifocal nature of the applicant's pain complaints on May 4, 2015 was not necessarily evocative or suggestive of nerve root compromise referable to cervical spine or upper extremities. 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 study in question, i.e., some three months removed from the date of a recent wrist surgery. It was not stated how (or if) the proposed cervical MRI would influence or alter the treatment plan. It appeared, rather, that the requesting provider was ordering cervical MRI imaging for routine evaluation purposes, on the grounds that the applicant had not had recent cervical MRI imaging. This is not, however, an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.