

Case Number:	CM15-0127128		
Date Assigned:	07/13/2015	Date of Injury:	03/09/2015
Decision Date:	08/11/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/01/2015

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 neck, shoulder, mid back, and low back pain reportedly associated with an industrial contusion injury of March 9, 2015. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve requests for cervical and lumbar MRI studies. The claims administrator referenced non-MTUS Third Edition ACOEM Guidelines in its decision to deny the cervical MRI while invoking the MTUS Guideline in ACOEM Chapter 12 to deny the proposed lumbar MRI. A June 10, 2015 office visit was also referenced in the determination. The applicant's attorney subsequently appealed. On June 10, 2015, the applicant reported ongoing complaints of neck, chest wall, low back, thigh, and breast pain, collectively rated at 7/10. The note was difficult to follow as it mingled historical issues with current issues. The applicant did report intermittent hand numbness as well as low back pain radiating to bilateral lower extremities. The applicant's BMI was 22. The applicant exhibited intact sensorium about the upper extremities with cervical paraspinal tenderness appreciated. The applicant exhibited a normal gait and left perithoracic tenderness, it was reported. Additional chiropractic manipulative therapy was endorsed. The applicant was placed off of work, on total temporary disability. MRI imaging of the cervical and lumbar spines was ordered. It was not clearly stated what was suspected here. A list of diagnoses and/or differential diagnosis was not furnished. The bulk of the information on file focussed in discussion of the applicant's discussion of neck and shoulder pain complaints. Only incidental mention was made of the applicant's low back pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical: 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 rationale: No, the request for 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 intervention or invasive procedure based on the outcome of the study in question. The requesting provider was a pain management physician (as opposed to a spine surgeon), significantly diminishing the likelihood of the applicant's acting on the results of the study in question. The multifocal nature of the applicant's complaints, which included chest wall pain, neck pain, shoulder pain, back pain, etc., further argued against the presence of any focal nerve root compromise referable to the cervical spine and/or upper extremities, as did the applicant's intact strength, sensorium, and gait appreciated on the June 10, 2015 office visit in question. Therefore, the request was not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Similarly, the request for an MRI of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or consider surgical intervention based on the outcome of the same. The fact that the requesting provider was a pain management physician (as opposed to a spine surgeon or neurosurgeon), significantly diminished the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. The multiplicity of body parts involved in the injury, coupled with the fact that multiple MRI studies were ordered, further diminished the likelihood of the applicant's acting on the results of the lumbar MRI in question. Therefore, the request was not medically necessary.

