

Case Number:	CM15-0127499		
Date Assigned:	07/14/2015	Date of Injury:	08/29/2006
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
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 58-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 29, 2006. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced a June 13, 2015 RFA form and associated progress note of May 15, 2015 in its determination. The applicant's attorney subsequently appealed. On May 15, 2015, the applicant reported ongoing complaints of neck pain radiating to the bilateral upper extremities. Bilateral hand and wrist pain with associated paresthesias were also reported, as were complaints of low back pain radiating to the legs and bilateral knee pain. The applicant had undergone earlier right knee arthroscopy, earlier left knee arthroscopy, and right carpal tunnel release surgery, it was reported. The applicant had also received lumbar epidural steroid injection therapy, it was reported. The applicant had had prior electro diagnostic testing of October 9, 2014 notable for a chronic C7 nerve root irritation with mild right-sided carpal tunnel syndrome. The applicant was reportedly on Effexor, trazodone, and Lipitor, it was reported on this date. Well- preserved 5/5 upper and lower extremity motor function, intact upper extremity sensorium, and symmetric upper extremity reflexes were reported. Portions of the report appeared to have been truncated as the treatment plan section of the report was conspicuously absent.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine without contrast: 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 willingness to consider or contemplate any kind of surgical intervention or invasive procedure involving the cervical spine based on the outcome of the study in question. Portions of the May 15, 2015 progress note were truncated during the facsimile transmission process. The treatment plan section of the note was conspicuously absent. The multifocal nature of the applicant's pain complaints, which included the knees, wrist, low back, etc., coupled with the applicant's intact neurological function reported on May 15, 2015, argued against the presence of any focal nerve root compromise referable to the cervical spine for which the applicant was considering surgical intervention. Therefore, the request was not medically necessary.