MAXIMUS Federal Services

Case Number:	CM15-0173641		
Date Assigned:	09/15/2015	Date of Injury:	04/06/2006
Decision Date:	10/22/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/03/2015

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 industrial injury of April 6, 2006. In a Utilization Review report dated August 6, 2015, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced a June 25, 2015 progress note and an associated July 29, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said July 25, 2015 RFA form, Norco, Neurontin, Lidoderm patches, cervical MRI imaging, and a TENS unit were sought. In an associated June 25, 2015 progress note, the applicant reported ongoing complaints of neck pain, 4/10 with medications versus 8/10 without medications. The applicant has had positive Tinel's and Phalen's signs about the wrist. The applicant was given diagnosis of facetogenic neck pain and bilateral carpal tunnel syndrome. MRI imaging of the neck was sought while multiple medications were renewed. It was stated that the applicant was working regular duty despite ongoing pain complaints attributed to cumulative trauma at work. There was no mention of how (or if) the proposed cervical MRI would influence or alter the treatment plan.

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 Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Neck & Upper Back Procedure Summary Online Version last updated 06/25/2015.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: No, the proposed MRI 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 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 June 26, 2015 progress note made 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. The attending provider's June 26, 2015 progress note seemingly suggested that the applicant carried diagnosis of facetogenic neck pain (as opposed to cervical nerve root compromise or cervical radiculopathy). Therefore, the request was not medically necessary.