

Case Number:	CM15-0026838		
Date Assigned:	02/19/2015	Date of Injury:	04/21/2014
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/12/2015

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 [REDACTED] beneficiary who has filed a claim for neck pain reportedly associated with an industrial injury of April 21, 2014. In a Utilization Review Report dated January 27, 2015, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced a January 20, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On February 6, 2015, the applicant reported ongoing complaints of neck, mid back, and low back pain, 5/10. The applicant was asked to employ a TENS unit. A rather proscriptive 15-pound lifting limitation was endorsed. It was not clearly whether the applicant was or was not working. In a handwritten note dated January 27, 2015, the attending provider stated that he was seeking authorization for both cervical and lumbar MRI imaging. The applicant was reportedly using Naprosyn, Motrin, Lidoderm, and Flexeril, it was incidentally noted. The applicant was still smoking half a pack a day. Large portions of progress note were difficult to follow. The requesting provider was a pain management physician, it was suggested.

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 Page(s): 177-179.

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 to help validate a diagnosis of nerve root compromise, based on a clear history and physical exam findings, in preparation for an invasive procedure, here, however, the attending provider's documentation was sparse, handwritten, difficult to follow, not entirely legible, and did not set forth a clear or compelling rationale for the proposed cervical MRI. There was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed cervical MRI and/or consider a surgical intervention based on the outcome of the same. The fact that cervical and lumbar MRI studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of either study and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.