MAXIMUS Federal Services

Case Number:	CM15-0070013		
Date Assigned:	04/17/2015	Date of Injury:	05/05/2009
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/13/2015

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 49-year-old who has filed a claim for chronic neck, back, and wrist pain reportedly associated with an industrial injury of May 1, 2006. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve a request for MRI imaging of the cervical spine. The claims administrator referenced a March 5, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On March 5, 2015, the applicant reported ongoing complaints of neck, low back, and leg pain, highly variable, 2 to 6/10. The applicant was using a cane to move about. The applicant had undergone earlier cervical spine surgery, it was acknowledged. A positive Spurling maneuver was noted. Updated lumbar and cervical MRIs and Flexeril were endorsed, while the applicant was placed off of work, on total temporary disability. Urine drug testing was also proposed. It was not clearly stated for what purposes the cervical MRI in question was intended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: No, the proposed cervical MRI is not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical spine is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the result of the proposed cervical MRI and/or consider surgical intervention based on the outcome of the same. The requesting provider was a physiatrist, not a spine surgeon, reducing the likelihood of the applicant's acting on the results of the study in question. The fact that multiple MRIs of the cervical and lumbar spines were proposed reduced the likelihood of the applicant acting on the results either study and/or consider surgical intervention based on the outcome of the same. The information on file suggested that the MRI study in question was proposed for routine evaluation purposes, with no clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.