

Case Number:	CM15-0071464		
Date Assigned:	04/21/2015	Date of Injury:	01/21/2013
Decision Date:	05/21/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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 41-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 24, 2013. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve a request for cervical MRI imaging. A March 17, 2015 RFA was referenced in the determination. The applicant's attorney subsequently appealed. On March 17, 2015, the applicant reported ongoing complaints of neck, low back, mid back, and shoulder pain, highly variable, 3-7/10. The requesting provider, a physiatrist, ordered MRI imaging of the cervical spine and electro diagnostic testing of the bilateral upper extremities. The applicant exhibited negative Spurling maneuvers and mild paraspinal tenderness about the cervical region. The applicant was asked to remain off work, on total temporary disability. Norco, Zanaflex, and naproxen were continued. It was not clearly stated for what purpose the cervical MRI was proposed.

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.

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 clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the cervical spine on or around the date in question, March 17, 2015. The multifocal nature of the applicant's pain complaints, which included the shoulder, neck, mid back, low back, head, etc., furthermore, significantly reduced the likelihood of the applicant's acting on the results of the proposed cervical MRI and/or consider surgical intervention based on the outcome of the same. The applicant's history and physical exam, furthermore, was not, in fact, suggestive of cervical radiculopathy but, rather, was more consistent with cervical paraspinal or myofascial tenderness. Finally, the requesting provider was a neurologist, not a spine surgeon; further reducing the likelihood of the applicant is acting on the results of the study in question and/or considers surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.