

Case Number:	CM15-0075251		
Date Assigned:	04/27/2015	Date of Injury:	03/08/2012
Decision Date:	05/22/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/20/2015

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 59-year-old who has filed a claim for chronic neck, shoulder, hip, ankle, and facial pain reportedly associated with an industrial injury of March 8, 2012. In a Utilization Review report dated March 25, 2015, the claims administrator approved lumbar MRI imaging, approved hip x-rays, and denied cervical MRI imaging. The claims administrator referenced a RFA form of March 18, 2015 and a progress note of November 20, 2014 in its determination. The applicant's attorney subsequently appealed. On March 30, 2015, the applicant reported ongoing complaints of low back pain, hip pain, neck pain, jaw pain, chest pain, foot pain, and mid back pain with derivative complaints of depression and anxiety. The applicant was using medical marijuana, it was acknowledged. The applicant was represented, it was acknowledged. The applicant appeared quite anxious and agitated. Grip strength testing and/or upper extremity manual muscle testing were limited secondary to pain and poor effort. The attending provider reviewed cervical MRI imaging notable for multilevel degenerative disease, spondylitic changes, and/or cervical stenosis. The applicant was asked to follow up with a dentist and return in 45 days. In September 15, 2014 work status report; the applicant was placed off of work, on total temporary disability. In a June 4, 2014 progress note, somewhat difficult to follow, the applicant reported multifocal complaints of neck, arm, shoulder, back, and jaw pain with derivative complaints of anxiety, depression and insomnia. The note was very difficult to follow. Tenderness was noted about the TMJ. The applicant was using cane to move about. A waddling gait was noted. Diminished upper extremity grip strength was noted secondary to pain and poor effort, it was suggested. Once again, the applicant appeared anxious and agitated. The

attending provider stated that he would like to start over by obtaining MRI imaging of the lumbar spine, MRI imaging of the neck, x-rays of the hip, and MRI imaging of the hip. A dentistry consultation was sought. The applicant had issues with extreme anxiety, it was reported.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI.

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 or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, preparation for an invasive procedure, in this case, however, the multiplicity and multifocal nature of the applicant's complaints, which included neck pain, jaw pain, face pain, anxiety, depression, back pain, hip pain, etc., argued the presence of any focal nerve root compromise here. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the cervical spine. The requesting provider, it is further noted, does not appear to be a spine surgeon, reducing the likelihood of the applicant's acting on the results of the study in question and/or considering any kind of surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.