

Case Number:	CM15-0077548		
Date Assigned:	04/29/2015	Date of Injury:	01/08/2007
Decision Date:	05/28/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/23/2015

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 60-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 8, 2007. Thus far, the applicant has been treated with the following: Earlier lumbar spine surgery; earlier cervical spine surgery; a functional restoration program; opioid therapy; and transfer or care to and from various providers in various specialties. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve a request for MRI imaging of the cervical spine. A March 19, 2015 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On March 30, 2015, the applicant reported 8/10 neck and low back pain with associated muscle spasms. Norco, oxycodone, and Colace were endorsed. A pain management referral was also suggested. It was suggested that the applicant had enrolled in a functional restoration program at an earlier point in time. A lumbar MRI was sought. There was no mention of cervical MRI imaging on this date. On December 3, 2014, the applicant reported ongoing complaints of neck and low back pain. The applicant was using oxycodone, Norco, and Neurontin, it was acknowledged. The applicant was placed off of work, on total temporary disability. Lumbar MRI imaging was sought. On March 4, 2015, the applicant reported persistent complaints of neck and low back pain. The applicant was using Norco, Neurontin, oxycodone, Colace, Viagra, and Prilosec. A pain management referral was again proposed. On March 19, 2015, the applicant's pain management physician stated that he was pursuing MRI imaging of the cervical and lumbar spines prior to the applicant's receiving a Qualified Medical Evaluation (QME). The requesting provider was a physiatrist. Ongoing

complaints of neck and low back pain were reported. Tenderness about the cervical paraspinal musculature and a pain-induced limp were 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.

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

Decision rationale: No, the request for 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 the cervical spine to help validate 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 actively considering or contemplating any kind of surgical intervention involving the cervical spine. Rather, the attending provider reported on March 19, 2015 that the cervical MRI had been endorsed in conjunction with lumbar MRI imaging for Medical-legal Evaluation purposes, for the purposes of determining an impairment rating, apportionment, and the like. Thus, there is no evidence that the applicant was intent on acting on the results of the procedure. The requesting provider was a physiatrist, not a spine surgeon, it was further noted, further reducing the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.