

Case Number:	CM15-0090531		
Date Assigned:	05/14/2015	Date of Injury:	11/25/2013
Decision Date:	06/17/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/11/2015

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 43-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 25, 2013. In a Utilization Review report dated May 2, 2015, the claims administrator failed to approve a request for cervical MRI imaging. An April 20, 2015 RFA form and associated April 3, 2015 progress note were referenced in the determination. The applicant's attorney subsequently appealed. Earlier cervical MRI imaging of March 20, 2014 was notable for multilevel disk bulges of uncertain clinical significance, including C3-C4, C4-C5, and C5-C6, some of which were associated with neuroforaminal narrowing and/or central canal narrowing. In a May 23, 2014 progress note, one of the applicant's treating providers seemingly suggested that the applicant could potentially be a candidate for epidural steroid injection therapy and/or cervical discectomy and fusion procedure. Work restrictions and Motrin were endorsed. On March 7, 2014, the applicant reported ongoing complaints of neck pain radiating to left arm. Motrin, cervical MRI imaging, and physical therapy were endorsed while the applicant was placed off of work, on total temporary disability. On November 20, 2014, the applicant did receive a cervical epidural steroid injection. On January 2, 2015, the attending provider noted that the applicant had ongoing complaints of neck pain radiating to the left arm. There had been some recurrence of left arm pain but the applicant was working with restrictions in place. 4+/5 upper extremity strength was noted with some hyposensorium about the left arm also evident. A second epidural steroid injection was endorsed prior to the applicant's considering surgical intervention. Work restrictions, a cervical epidural steroid injection, and the cervical MRI at issue were endorsed. In a RFA form dated

January 14, 2015, the attending provider reiterated the request for cervical epidural steroid injection therapy.

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. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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 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, here, however, it did not appear that the cervical MRI in question would have influenced or altered the treatment plan. The requesting provider noted on January 2, 2015 that the applicant would pursue cervical epidural steroid injection therapy, regardless of the results of the cervical MRI in question. The requesting provider stated that spine surgery would be considered only if the applicant's response to the planned epidural steroid injection was unsuccessful. The cervical MRI in question was not, thus, indicated as there was a significant likelihood that the study in question would not influence the treatment plan, given the (a) applicant's reportedly favorable response to an earlier epidural steroid injection and (b) given the applicant's seeming reluctance to embark upon any kind of surgical remedy as of the January 2, 2015 office visit in question. Therefore, the request was not medically necessary.