

<b>Case Number:</b>	CM13-0016070		
<b>Date Assigned:</b>	10/10/2013	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 19, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; a lumbar support; and extensive periods of time off of work, on total temporary disability. The applicant has apparently been given various limitations at various points in time which have resulted in her removal from the workplace. In a utilization review report of August 13, 2013, the claims administrator denied a request for a cervical MRI. The applicant's attorney later appealed. An earlier handwritten progress note of July 12, 2013 is difficult to follow, not entirely legible, and notable for comments that the applicant reports ongoing complaints of neck and low back pain. There is some radiation of neck pain to the right upper extremity as well as radiation of low back pain to the bilateral lower extremities. The applicant's physical exam is unchanged. She is asked to pursue physical therapy, acupuncture, extracorporeal shockwave therapy, and obtain a functional capacity evaluation while obtaining MRIs of five different body parts, including the cervical spine, shoulders, hip, neck, and knee.

### 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.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 8 table 8-8, MRI imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical findings, in preparation for an invasive procedure. In this case, however, there is no evidence that the applicant intends to act on the results of the cervical MRI. There is no indication that the applicant has clear physical and history findings suggestive of a bona fide cervical radiculopathy. Rather, the applicant's allegations of multifocal pain about five different body parts secondary to cumulative trauma argues against any bona fide cervical radiculopathy. There is likewise no evidence of any marked motor deficit noted on exam, further arguing against a bona fide cervical radiculopathy. For all of these reasons, then, the request is not certified.