

<b>Case Number:</b>	CM13-0018164		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 had filed a claim for chronic neck pain from an industrial injury of April 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; adjuvant medications; unspecified amounts of physical therapy; TENS unit; and apparent imposition of permanent work restrictions. It is stated that the applicant has retired from the workplace. In a Utilization Review Report of August 20, 2013, the claim administrator denied a request for a cervical MRI. The applicant's attorney's later appealed. An earlier note of September 12, 2013 is notable for comments that the applicant reports 6 to 7/10 neck pain. She is described as having neck pain radiating to the upper extremities. She is having difficulty moving her neck. Limited range of motion, tenderness, and a painful range of motion are noted. The applicant reportedly has radicular pain on exam, it is stated. MRI imaging and electrodiagnostic testing are sought while the applicant is given refills of Naprosyn, Vicodin, Neurontin and Lidoderm. A later note of October 10, 2013, is again notable for comments that the applicant has cervical strain, degenerative arthritis, and neck pain ranging from 5 to 8/10. Limited range of motion is noted. However, the applicant is described as having an intact neurovascular exam.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI C-Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** As noted in the ACOEM Guidelines in Chapter 8, MRI and/or CT imaging can be employed to validate diagnosis of nerve root compromise based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant does not have any clearly evident neurologic compromise, although she does have evidence of ongoing radicular symptoms. It is not stated or suggested that the applicant is considering a surgical intervention. It is not clearly stated how the proposed cervical MRI imaging would influence the treatment plan. Since the applicant appears to be an individual who is not intent on pursuing any kind of surgical remedy, the proposed cervical MRI imaging would not be indicated. The request for an MRI of the cervical spine is not medically necessary and appropriate.