

<b>Case Number:</b>	CM14-0023158		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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. The expert 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 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/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 November 21, 2007. 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; trigger point injection therapy; x-rays of the injured cervical spine, reportedly interpreted as normal; earlier cervical spine surgery; unspecified amounts of acupuncture; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of January 24, 2014, the claims administrator apparently denied a request for cervical MRI imaging, citing non-MTUS ODG Guidelines in its denial in conjunction with the MTUS Guidelines. The rationale and report were apparently blurred as a result of repetitive photocopying. The applicant's attorney subsequently appealed. On January 8, 2014, the applicant was described as reporting persistent complaints of neck pain radiating into the shoulders. The applicant exhibited guarding and limited range of motion with normal upper extremity motor function and normal upper extremity sensorium with symmetric upper extremity reflexes. Trigger point injections were performed in the clinic setting. X-rays of the cervical spine were reportedly interpreted as normal. It was stated that the applicant was stable and permanent and stationary. It was stated that MRI imaging of cervical spine should be sought. It was stated that the applicant was living out of State.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGE OF THE CERVICAL SPINE WITHOUT CONTRAST:** 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:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI scanning to validate a 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 indication or mention that the applicant was actively considering or contemplating any kind of interventional procedure insofar as the cervical spine was concerned following hardware removal surgery of June 10, 2013. There was no mention, suggestion, or insinuation that the applicant was considering further operative treatment. It was not clearly stated how repeat cervical MRI imaging would influence the treatment plan. Therefore, the request was not medically necessary.