

<b>Case Number:</b>	CM14-0026899		
<b>Date Assigned:</b>	01/06/2014	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	03/04/2014

### 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, mid back, low back, shoulder, and knee pain with derivative fibromyalgia and psychological stress reportedly associated with an industrial injury of May 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; prior shoulder arthroscopy; prior knee arthroscopy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of January 30, 2014, the claims administrator denied request for urgent cervical, lumbar, and thoracic MRIs. The applicant's attorney subsequently appealed, on February 26, 2014. An earlier consultation of December 11, 2013 is notable for comments that the applicant is off of work, on total temporary disability. The applicant reports multifocal neck and low back pain. He is presently on Norco, Motrin, and Xanax, it is stated. He is possessed of mild tenderness about the paraspinal musculature and 5/5 upper and lower extremity strength with 2+ reflexes noted throughout. MRI imaging of multiple body parts and EMG testing are sought. The applicant remains off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT MRI OF CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, MRI

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, MRI and/or CT scan imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical findings, and preparation for an invasive procedure. In this case, however, there is no indication that the applicant is actively considering or contemplating cervical spine surgery. There is no clear-cut evidence of neurologic compromise. The applicant is possessed of well-preserved, 5/5 upper and lower extremity strength, arguing against any neurologic compromise. MRI imaging is not indicated here, for all of these stated reasons. Accordingly, the request remains non-certified, on Independent Medical Review.