

<b>Case Number:</b>	CM14-0039343		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 29, 2012. 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; unspecified amounts of physical therapy; electrodiagnostic testing of February 28, 2013, notable for a bilateral C6 radiculopathy and a right carpal tunnel syndrome; and unspecified amounts of chiropractic manipulative therapy over the course of the claim. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for cervical magnetic resonance imaging (MRI) imaging, stating that there was no evidence of any deterioration in the clinical picture, which would support repeat MRI imaging. The claims administrator did not incorporate cited ACOEM Guidelines into its rationale, however. In a handwritten progress note dated April 22, 2014, the applicant was placed off of work, on total temporary disability. The applicant reported ongoing complaints of neck and upper extremity pain. The applicant apparently exhibited diminished cervical range of motion. The applicant was given a diagnosis of cervical radiculopathy. MRI imaging of the cervical spine and a psychiatry consultation were ordered. Overall documentation was sparse, handwritten, and extremely difficult to follow. The purpose of the MRI imaging in question was not stated. In a February 20, 2013 report, it was acknowledged that the applicant was 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:

**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 Page(s): 182.

**Decision rationale:** The proposed MRI of the cervical spine is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend magnetic resonance imaging (MRI) or computerized tomography (CT) imaging 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 is no evidence that the applicant is actively considering or contemplating any kind of invasive procedure insofar as the cervical spine is concerned. The progress note provided was sparse, handwritten, largely illegible, extremely difficult to follow, and did not state that the applicant would consider a surgical remedy were the outcome of the cervical MRI in question markedly positive. Therefore, the request is not medically necessary.