

<b>Case Number:</b>	CM14-0052834		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 September 30, 2013. 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; 24 sessions of physical therapy, per the claims administrator; and six sessions of acupuncture. In a utilization review report dated March 27, 2014, the claims administrator denied a request for cervical MRI imaging. The claims administrator cited a number of Guidelines, stated that those guidelines were not met, and then denied the report with little or no discussion of applicant-specific factors. Both non-MTUS ODG Guidelines and MTUS Guidelines were cited. The applicant's attorney subsequently appealed. In a February 12, 2014 progress note, the applicant stated that she was working as a cook, but complained that her employer was not honoring the limitations. The applicant reported multifocal neck pain, shoulder pain, elbow pain, hand pain, wrist pain, and knee pain. The applicant did report some radiation of pain to the right upper extremity. The applicant exhibited weakness about the shoulder musculature, it was suggested, with tenderness about the wrist, shoulder, and neck appreciated. The applicant did exhibit a normal gait. Plain film imaging of numerous body parts, including the neck, shoulders, elbow, hands, wrist, low back, pelvis, and knees were performed and all reportedly negative for any fracture. MRI imaging of the cervical spine, shoulder, elbow, wrist, hand, and knee were all endorsed, along with the electrodiagnostic testing. The attending provider then placed the applicant 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:

**Magnetic Resonance Imaging (MRI) of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (updated 03/07/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI or CT imaging is "recommended" to validate the diagnosis of nerve root compromise, based on clear history and physical exam findings in preparation for an invasive procedure. In this case, however, the multifocal nature of the applicant's complaints, which includes the shoulder, elbow, wrist, hand, and knee, taken together, imply a lack of focal nerve root compromise associated with the cervical spine. There is furthermore, no evidence that the applicant would act on the results of the study in question. There is no evidence that the applicant is actively considering or contemplating spine surgery or any other kind of invasive procedure involving the cervical spine. Therefore, the request is not medically necessary.