

<b>Case Number:</b>	CM14-0058384		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/10/1993
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 and shoulder pain reportedly associated with an industrial injury of September 10, 1993. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and transfer of care to and from various providers in various specialties. In a utilization report dated April 1, 2014, the claims administrator denied a request for cervical MRI imaging, stating that the attending provider had failed to comment as to whether the request represented a first-time MRI or repeat MRI. The claims administrator did not incorporate cited MTUS or non-MTUS Guidelines into its rationale. The applicant's attorney subsequently appealed. In a March 23, 2014 progress note, the applicant presented with neck pain radiating to the arm. The applicant is on Norco, Zonegran, Zanaflex, flecainide, and glucosamine-chondroitin, it was noted. The applicant did have a history of a heart attack, it was stated. The applicant reported pain ranging from 5 to 7/10. The applicant apparently exhibited grossly normal sensory function about the bilateral upper extremities with some generalized weakness noted about the hands and arms, it was stated. The applicant did, however, exhibit a normal gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 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:** As noted in the MTUS ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI and/or CT imaging of the cervical spine is recommended in applicants who have clear history and physical exam findings suggestive of nerve root compromise involving the cervical spine in preparation for an invasive procedure. In this case, however, there is no evidence that the applicant is actively considering or contemplating an invasive procedure involving the cervical spine. It was not clearly stated or suggested that the applicant would consider a surgical remedy were it offered to him. It was not clearly stated that the applicant was actively considering or contemplating cervical spine surgery. It is further noted that the attending provider stated that he believed the applicant's upper extremity pain and weakness represented a function of brachial plexopathy as opposed to cervical radiculopathy. It is unclear what role cervical MRI imaging would play in this context. Therefore, the request is not medically necessary.