

<b>Case Number:</b>	CM14-0066926		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 neck pain reportedly associated with an industrial injury of March 1, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxant; and transfer of care to and from various providers in various specialties. In a March 10, 2014 Utilization Review Report, the claims administrator denied a request for cervical MRI imaging. It was incidentally noted that the applicant was status post shoulder surgery. The claims administrator cited both the ACOEM and non-MTUS ODG Guidelines, but failed to incorporate either set of guidelines into its rationale. The applicant's attorney subsequently appealed. In a medical-legal evaluation of January 26, 2014, it was suggested that the applicant was off of work, on total temporary disability. It was stated the applicant had evidence of a near full-thickness supraspinatus tendon tear on shoulder MRI imaging of January 15, 2014. The electrodiagnostic testing of the upper extremities of August 23, 2013 was notable for a mild bilateral median neuropathy, while the electrodiagnostic testing of the lower extremities of August 25, 2014 was interpreted as normal, it was stated. On February 5, 2014, the applicant was described as having persistent complaints of neck pain, low back pain, and shoulder pain. It was stated that the applicant was at maximum medical improvement insofar as the shoulder was concerned, with a 17% whole-person impairment rating. The applicant was, then, somewhat incongruously, placed off of work, on total temporary disability, based on chronic complaints of neck, low back pain. Protonix, Naprosyn, tramadol, and Flexeril were renewed. It was stated that the applicant was had weakness about the right shoulder despite full range of motion about the same. No rationale for the cervical and/or lumbar imaging was proffered by the attending provider.

## 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): TABLE 8-8, PAGE 182.

**Decision rationale:** 1. No, the proposed cervical MRI is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI and/or CT scanning is "recommended" to validate the diagnosis of nerve root compromise, based on clear history and exam findings, in preparation for an invasive procedure. In this case, however, there was no mention that the applicant is actively considering or contemplating any kind of invasive procedure, such as cervical spine surgery. It was not clearly stated how (or if) the results of cervical MRI imaging would influence the treatment plan. There was, furthermore, no clear-cut history given of neck pain radiating to the arms and/or associated signs of neurologic compromise about the upper extremities. There was, in short, thus, no clear history and/or physical findings suggestive of nerve root compromise associated with the cervical spine here. Therefore, the request is not medically necessary.