

<b>Case Number:</b>	CM14-0192401		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	04/21/2004
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 and post-traumatic headaches reportedly associated with an industrial injury of April 21, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; earlier multilevel cervical laminectomy surgery; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated October 21, 2014, the claims administrator denied a request for an MRI without contrast of the cervical spine. The claims administrator stated that its decision was based on ACOEM Guidelines but did not incorporate the same into its rationale. The claims administrator stated that the applicant had had no recent change in symptomatology which would warrant a repeat cervical MRI. The claims administrator did note that the applicant had had electrodiagnostic testing of September 9, 2014 notable for a mild right median nerve compression at the wrist. The claims administrator noted that the applicant had had an earlier cervical MRI imaging of January 3, 2014 demonstrating stable, mild multilevel degenerative disk disease with only mild neuroforaminal encroachment and mild spinal stenosis. The claims administrator stated that its decision was based on an October 13, 2014 progress note and associated RFA form. In an office visit dated November 17, 2014, the applicant reported ongoing complaints of reportedly worsening neck pain. Two cervical epidural steroid injections had failed to provide lasting benefit. The applicant also reported radiation of pain to both left and right arms. The applicant was dropping articles. Right upper extremity paresthesias were noted. The applicant was using Tramadol, Prilosec, and Naprosyn. Pain was most notable about the index, middle, and ring fingers, it was stated. The applicant's medication list included tramadol, Prilosec, Norco, Naprosyn, and Metformin, it was stated. Upper extremity strength scored a 5/5 with the exception of the right biceps and left biceps, which scored a 4/5 and left triceps, which

scored a 4+/5. The requesting provider posited that the applicant's worsening cervical radicular complaints and motor deficits were a function of an active cervical radiculitis process as opposed to a function of superimposed carpal tunnel syndrome.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI (magnetic resonance imaging) without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Magnetic Resonance Imaging (MRI).

**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 imaging of the cervical spine is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the requesting provider has posited that the applicant has worsening radicular complaints and radicular signs about the right upper extremity which he has posited as a function of new or progressively worsening cervical radiculitis/cervical radiculopathy process and that the results of the proposed cervical MRI imaging will influence the treatment plan. MRI imaging is, thus, indicated in the clinical context present here. Therefore, the request is medically necessary.