

<b>Case Number:</b>	CM14-0195900		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 29-year-old who has filed a claim for chronic neck, low back, elbow, wrist, and shoulder pain reportedly associated with an industrial injury of June 10, 2010. In a Utilization Review report dated October 23, 2014, the claims administrator failed to approve requests for lumbar and cervical MRI imaging while apparently approving a request for shoulder MRI imaging. An October 17, 2014 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On November 17, 2014, the applicant reported ongoing complaints of neck, low back, elbow, and wrist pain, collectively rated at 9/10. The applicant reported some radiation of neck pain to the left upper extremity and some radiation of low back pain to the right lower extremity. The applicant had reportedly had cervical MRI imaging on June 11, 2014 notable for multilevel disk protrusions with associated lateral recess stenosis. The applicant was asked to pursue a multilevel cervical spine surgery and associated hospitalization. A bone growth stimulator was proposed for postoperative use purposes, along with postoperative physical therapy, a cervical brace, Norco, and transportation to and from the facility. The applicant was also asked to obtain lumbar MRI imaging. The attending provider acknowledged, however, that he would focus current treatment involving the neck. The attending provider seemingly suggested that earlier cervical MRI imaging was too dated for preoperative planning purposes. The applicant was placed 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:

**1 MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, as the treating provider acknowledged in a progress note dated November 17, 2014, he was not actively considering or contemplating any kind of surgical intervention involving the lumbar spine but, rather, stated that he was focusing treatment efforts around the more prominently symptomatic cervical spine. Lumbar MRI imaging, thus, would not have appreciably influenced or altered the treatment plan on or around the date in question. Therefore, the request was not medically necessary.

**1 MRI of the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

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

**Decision rationale:** Conversely, the request for cervical MRI imaging was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI or CT imaging are "recommended" to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the attending provider did suggest that he was, in fact, actively considering surgical intervention involving the cervical spine based on the outcome of the study in question. The attending provider did state that earlier cervical MRI imaging had, in his mind, been positive. The attending provider stated that the applicant had failed conservative measures in the form of time, medications, opioids, epidural injections, etc., and was willing to pursue a multilevel cervical spine surgery. The attending provider, finally, stated that earlier cervical MRI imaging was too dated for preoperative planning purposes. Moving forward with repeat cervical MRI imaging was, thus, indicated in the context present here. Therefore, the request was medically necessary.