

<b>Case Number:</b>	CM14-0200201		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	09/15/2014
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for neck and mid back pain reportedly associated with an industrial injury of September 15, 2014. In a Utilization Review Report dated November 18, 2014, the claims administrator denied a request for cervical and thoracic MRI imaging. A progress note and RFA form of November 10, 2014 and November 11, 2014 were referenced in the determination. On November 10, 2014, the applicant transferred care to a new primary treating provider, a chiropractor (DC), reporting ongoing complaints of neck, left shoulder, mid back, and rib pain, 2-9/10. Weakness was appreciated about the left arm. Chiropractic manipulative therapy, physical therapy, cervical MRI imaging, thoracic MRI imaging, and electrodiagnostic testing of upper extremities were sought while the applicant was given work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's willingness to consider or contemplate any kind of invasive procedure involving the thoracic spine based on the outcome of the study in question. The requesting provider was a chiropractor (DC), reducing the likelihood of the applicant's acting on the results of the proposed thoracic MRI and/or considering any kind of surgical intervention based on the outcome of the same. The requesting provider did not clearly state how the proposed thoracic MRI would influence or alter the treatment plan. Therefore, the request is not medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, MRI

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's willingness to consider or contemplate any kind of invasive procedure involving the cervical spine based on the outcome of the study in question. The requesting provider was a chiropractor (DC), reducing likelihood of the applicant's acting on the results of the proposed cervical MRI and/or considering any kind of surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.