

<b>Case Number:</b>	CM14-0201724		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 reportedly associated with an industrial injury of October 29, 2009. In a Utilization Review Report dated November 24, 2014, the claims administrator denied a request for cervical MRI imaging. The claims administrator stated that its decision was based on a Request for Authorization (RFA) received on November 17, 2014. The claims administrator noted that the applicant had undergone earlier cervical spine surgery and earlier lumbar spine surgery. The claims administrator referenced a November 13, 2014 progress note in its denial. The claims administrator stated that the attending provider had believed that the applicant might have a possible pseudoarthrosis of the cervical spine as of November 13, 2014. The applicant's attorney subsequently appealed. On June 4, 2014, the applicant reported persistent complaints of low back pain radiating to the legs. Persistent complaints of neck pain were also noted with tenderness appreciated about the cervical paraspinal musculature, guarded cervical range of motion was noted. The attending provider posited that the applicant's lumbar fusion was well healed. Lumbar MRI imaging was sought while trigger point injections were performed. On August 27, 2014, the attending provider sought authorization for lumbar MRI imaging. On September 20, 2014, the attending provider stated that the applicant was doing reasonably well insofar as the cervical spine was concerned and/or active cervical radicular complaints as of that point in time. On November 13, 2014, the applicant reported persistent complaints of neck pain, radiating to the arms with moderate back pain radiating to the legs also reported. Focal tenderness and cervical tender points were appreciated. Cervical trigger points were performed. The applicant exhibited normal upper extremity motor function and symmetric upper extremity reflexes. The attending provider stated that x-rays of the cervical spine suggested that the applicant had a fractured fusion plate at C6-C7 with an obvious pseudoarthrosis. The attending provider

suggested that the applicant undergo both MRI and CT imaging of the cervical spine to evaluate the nerve root and/or the area of failed fusion. The requesting provider, a spine surgeon stated that the as result of the studies would determine whether he could offer the applicant anything further in terms of interventional treatment.

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

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

**MRI to the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

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

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI or CT imaging is "recommended" to validate a diagnosis of suspected nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the attending provider posited on November 13, 2014, that the applicant had heightened cervical radicular complaints, either a function of new nerve root compromise versus pseudoarthrosis of the cervical spine versus fractured hardware associated with a previously failed fusion surgery. Obtaining MRI imaging for likely preoperative evaluation purposes is, thus, indicated in the clinical context present here. Therefore, the request for MRI is medically necessary.