

<b>Case Number:</b>	CM14-0208303		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal 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 injured worker (IW) is a 60-year-old man with a date of injury of September 22, 2011. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical sprain; lateral epicondylitis; carpal tunnel syndrome; shoulder impingement; and lumbar radiculopathy. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated November 4, 2014, the IW presents for a follow-up examination stating that there has been no significant improvement since the last exam. He continues to have restricted range of motion in the left shoulder as well as worsening pain in the cervical spine. The treating physician states, "as per QME, I will order MRI of the cervical spine". The QME report the provider is referring to was not available in the medical record. Examinations of the cervical spine reveals paravertebral muscles are tender, and spasms are present. Range of motion is restricted. There are no other physical exam findings documented referable to the cervical spine. The treating physician indicates he will order an MRI of the cervical spine to rule out cervical spine radiculitis. The current request is for MRI with gadolinium, cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with Gadolinium, Cervical 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 (ODG), Neck & Upper Back (updated 08/04/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, MRI; <http://www.mri.tju.edu/Policies-contraindications.htm>.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI with gadolinium cervical spine is not medically necessary. The indications for magnetic resonance imaging are enumerated in the Official Disability Guidelines; they include, but are not limited to, chronic neck pain after three months of conservative treatment, radiographs normal, neurologic signs or symptoms present to the guidelines for additional details. In this case, the injured workers working diagnoses are cervical sprain; lateral epicondylitis; carpal tunnel syndrome; shoulder impingement; and lumbar radiculopathy. There is discussion in the medical record about ordering in left shoulder MRI with gadolinium because it is recommended by the QME. There is no QME in the medical record for the clinical indication or rationale for the gadolinium based MRI. The documentation contained a conclusory response that an MRI with gadolinium is recommended by the QME. As noted above, there is no clinical indication or rationale for an MRI with gadolinium based on the documentation in the medical record. Additionally, utilization review indicates the reviewing physician attempted a peer-to-peer call for clarification. There was no discussion with the consultant to select the specific type of imaging. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, MRI with Gadolinium, Cervical Spine is not medically necessary.