

<b>Case Number:</b>	CM15-0146190		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 44-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of January 7, 2009. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced an RFA form received on June 23, 2015 and an associated progress note of June 7, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated March 4, 2015, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck, mid back pain, and low back pain. The applicant stated that he did not wish to pursue any kind of surgical remedy at that point in time. The note comprised, in large part, preprinted checkboxes, with little in the way of narrative commentary or supporting rationale. The applicant was asked to pursue a pain management consultation. On June 17, 2015, the applicant was given diagnoses of cervical strain, thoracic strain, lumbar strain, lumbar radiculopathy, forearm strain, carpal tunnel syndrome, knee strain, foot strain, and other problems not otherwise specified. The applicant was using Celebrex for pain relief. The applicant was apparently working, it was suggested. The note was very difficult to follow. The requesting provider, a chiropractor, asked the applicant to consult various providers including a pain management physician. MRI imaging of the cervical spine, thoracic spine, and lumbar spine were all ordered. The note as with preceding and succeeding notes comprised in large part of preprinted checkboxes with little rationale or supporting commentary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

**Decision rationale:** No, the request for MRI imaging of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there is neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the MRI study at issue and consider surgical intervention based on the outcome of the same. The fact that three MRI studies, namely those involving the cervical spine, lumbar spine, and thoracic spine were concurrently ordered, significantly reduced the likelihood that the applicant was acting on the results of the study in question and/or consider surgical intervention based on the outcome of the same. The fact that the requesting provider was a chiropractor (as opposed to a spine surgeon) also reduced the likelihood of the applicant acting on the results of study in question and/or go on to consider surgical intervention based on the outcome of the same. The multiplicity of the applicant's pain complaints and pain generators, furthermore, argued against the presence of any nerve root compromise referable to the cervical spine. Therefore, the request was not medically necessary.