

<b>Case Number:</b>	CM15-0189761		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 7, 2014. In a Utilization Review dated August 31, 2015, the claims administrator failed to approve a request for cervical MRI imaging. An August 17, 2015 office visit and an associated August 25, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On July 13, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck pain, shoulder pain, and myofascial pain syndrome. On August 17, 2015, the applicant reported ongoing complaints of neck, back and shoulder pain. The applicant's pain complaints were worsening. 6-7/10 pain complaints were noted. Radiation of neck pain to the left upper extremity was seemingly reported. The applicant was nevertheless described as neurovascularly intact insofar as the cervical spine and upper extremities were concerned, it was suggested. Norco, Celebrex, and physical therapy were sought. The applicant was given a shoulder corticosteroid injection in the clinic. The attending provider stated that he would review the results of previously performed cervical and shoulder MRI imaging. There was no mention of the applicant's intention to consider surgery on this date. In a work status report dated August 7, 2015, the applicant was placed off of work, on total temporary disability. On an RFA form dated August 26, 2015, physical therapy, MRI imaging of the left shoulder, and MRI imaging of the cervical spine were all seemingly sought, without much in the way of supporting 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 Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Indications for imaging, MRI.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

**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 diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, neither the August 25, 2015 RFA form, nor the August 17, 2015 office visit made any mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the cervical spine based on outcome of the study in question. It was not stated how, if, or whether the proposed cervical MRI would have influenced or alter the treatment plan. There was, in short, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. The fact that shoulder and cervical MRI studies were concurrently ordered, moreover, significantly reduced the likelihood of the applicant's acting on the results of either study and go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.