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| <b>Case Number:</b>   | CM15-0198562 |                              |            |
| <b>Date Assigned:</b> | 10/13/2015   | <b>Date of Injury:</b>       | 07/22/2015 |
| <b>Decision Date:</b> | 11/30/2015   | <b>UR Denial Date:</b>       | 09/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2015 |

### 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 neck, shoulder, elbow, hip, and knee pain reportedly associated with an industrial injury of July 22, 2015. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve request for MRI imaging of the cervical spine. The claims administrator referenced an August 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 24, 2015, the applicant reported ongoing complaints of low back, hip, knee and elbow pain, with derivative complaints of headaches. Popping and locking about the knee were reported. The applicant was on Naprosyn and Tylenol, it was stated. The applicant exhibited 4/5 upper extremity motor function, apparently limited secondary to shoulder pain, the treating provider contended. Hyposensorium is noted about the left upper extremity. The applicant was placed off of work, on total temporary disability. The applicant was asked to undergo MRI imaging of the cervical spine, MRI imaging of the left shoulder and MRI imaging of the knee to rule out any disc herniations and/or internal derangement. Conservative treatment to include physical therapy was proposed. There was no mention of how (or if) the proposed MRI study would influence or alter the treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

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

**Decision rationale:** No, the request for 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 on the preparation for invasive procedure, here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the cervical spine based on the outcome of the study in question on the August 24, 2015 office visit at issue. The fact that multiple different MRI studies to include MRI imaging of the shoulder, knee, cervical spine all were concurrently ordered significantly reduced the likelihood of the applicant acting on the results of any one study and/or go on to consider surgical intervention based on the outcome of the same. The applicant's presentation and multifocal pain complaints were not, moreover, clearly suggestive or evocative of nerve root compromise referable to the cervical spine and/or upper extremities. There was, in short, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results on the study in question and consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.