

<b>Case Number:</b>	CM15-0201862		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	02/23/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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] who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 23, 2013. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve a request for cervical MRI imaging. An October 5, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated October 7, 2015, MRI imaging of the cervical and lumbar spines were sought. On an associated office visit dated October 7, 2015, the applicant reported multifocal complaints of neck and low back pain, 5-7/10. The applicant exhibited well preserved, 5/5 upper extremity motor function, despite some dysesthesias appreciated about the same. The applicant was asked to pursue cervical epidural steroid injection therapy. Multiple medications included tramadol, Motrin, Flexeril, and Lidoderm patches were endorsed. The applicant's work status was not explicitly stated. Cervical MRI imaging dated September 26, 2015 was notable for low-grade 1 mm disk bulge at C4-C5 and C5-C6 without associated nerve root impingement. On an RFA form dated September 26, 2015, cervical and lumbar MRI imaging was sought. On September 9, 2015, the applicant's primary treating provider (PTP), a chiropractor ordered cervical and lumbar MRI imaging. The applicant did seemingly retain 5/5 upper and lower extremity motor function, the treating provider acknowledged. There was no mention of how the proposed cervical and MRI imaging 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 of the 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 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 invasive procedure, here, however, there was no mention of the applicant's willingness to consider or contemplate an invasive procedure based on the outcome of the study in question. The fact that cervical and lumbar MRI studies were concurrently ordered to significantly reduced the likelihood of the applicant's acting on the results of either study and/or going on to consider surgical intervention based on the outcome of the same. The fact that the requesting provider was a chiropractor (DC) further reduced the likelihood of the applicant's acting on the results of the study in question. The applicant's presentation, which included, well-preserved 5/5 upper extremity motor function, moreover, was not suggestive of bona fide nerve root entrapment referable to the cervical spine and/or upper extremities. The cervical MRI imaging, was ultimately performed, it is further noted, and was essentially negative and failed to uncover a lesion amenable to surgical correction. Therefore, the request was not medically necessary.