

<b>Case Number:</b>	CM15-0205331		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	04/09/2015
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 April 9, 2015. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced an August 19, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated August 19, 2015, the applicant was placed off of work, on total temporary disability. The applicant had received 12 sessions of acupuncture and 8 sessions of manipulative therapy, it was reported. The note was very difficult to follow, handwritten, and not altogether legible. The applicant had multiple pain generators to include the cervical spine, thoracic spine, wrists, hands, it was reported. MRI imaging of the cervical spine and electrodiagnostic testing of the upper extremities was sought while the applicant was kept off of work, on total temporary disability. There was no mention of how the proposed cervical MRI 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.

**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 findings, in preparation for an invasive procedure, here, however, the August 19, 2015 was thinly and sparsely developed, handwritten, difficult to follow, not entirely legible, and was not seemingly suggestive or evocative of nerve root compromise referable to the cervical spine and/or upper extremities. The multifocal nature of the applicant's complaints, which include the neck, mid back, low back, shoulders, wrists, etc., argued against the need for focal nerve root compromise referable to the cervical spine and/or upper extremities. There was no mention of the applicant's intent to pursue any kind of surgical intervention or surgical remedy based on the outcome of the same. Therefore, the request is not medically necessary.