

<b>Case Number:</b>	CM15-0024268		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	12/30/2004
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Ohio, 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 65-year-old [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 30, 2004. In a Utilization Review Report dated January 12, 2015, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced a December 23, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten November 24, 2014 progress note, the applicant reported ongoing complaints of neck pain. The applicant was not working, it was acknowledged. The note was very difficult to follow and comprised almost entirely of preprinted checkboxes. In a handwritten December 23, 2014 progress note, the applicant again reported ongoing complaints of neck and knee pain. The applicant was not working, it was reiterated. MRI imaging of the cervical spine was sought, apparently owing to heightened complaints of neck pain. The applicant did report ancillary complaints of knee and shoulder pain. The applicant was on Norco for pain relief.

### 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 ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/2014), Magnetic Resonance Imaging (MRI)

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

**Decision rationale:** 1. No, the proposed cervical MRI was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical spine can be employed to help validate a diagnosis of nerve root compromise, based on clear history and physical findings in preparation for an invasive procedure, in this case, however, the attending providers handwritten documentation of progress notes made no mention of the applicants actively considering or contemplating any kind of invasive procedure involving the cervical spine based on the outcome of study in question. Therefore, the request was not medically necessary.