

<b>Case Number:</b>	CM15-0049878		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 53-year-old [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 28, 2011. In a Utilization Review Report dated March 30, 2015, the claims administrator failed to approve a request for cervical MRI. An RFA form dated February 27, 2015 was referenced in the determination. The applicant had a history of shoulder pain complaints culminating in shoulder surgery, it was acknowledged. The claims administrator stated that the applicant was off of work as of the date of the request. The applicant's attorney subsequently appealed. On February 27, 2015, the applicant reported ongoing complaints of neck pain radiating into the right arm. Medrol Dosepak had not proven altogether beneficial. The applicant had apparently returned to regular duty work, it was stated in one section of the note. 5/5 upper extremity strength was appreciated. The applicant did exhibit a positive Spurling maneuver. The attending provider stated that he was seeking cervical MRI imaging on the grounds that the applicant had cervical radiculopathy which had proven recalcitrant to time, medications, physical therapy, and oral steroids. The requesting provider did appear to be a family practitioner, it was suggested. The attending provider seemingly suggested that the MRI imaging in question was being employed, in part, for medical-legal purposes, to determine apportionment for rating purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

**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 validate the diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's actively considering or contemplating any kind of invasive procedure or surgical intervention involving the cervical spine on around the date of the request, February 27, 2015. Rather, it appeared that the attending provider had suggested ordering cervical MRI imaging for academic evaluation purposes and/or for medical-legal purposes, to determine apportionment. This is not an ACOEM-endorsed role for MRI imaging, however. Therefore, the request is not medically necessary.