

<b>Case Number:</b>	CM14-0118378		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/28/2014
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 has filed a claim for neck, shoulder, and low back pain reportedly associated with an industrial injury of April 28, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and unspecified amounts of manipulative therapy. While both MTUS and non-MTUS ODG guidelines were cited, the claims administrator did not invoke either of cited guidelines into its rationale. In a handwritten note dated January 2, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of neck, shoulder, mid back, low back, and bilateral leg pain. Additional manipulative therapy, myofascial release therapy, and manual therapy were sought. The applicant was asked to obtain cervical, lumbar, and right shoulder MRI imaging while remaining off of work, on total temporary disability. The requesting provider was a chiropractor (DC).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12, page 304, Special Studies and Diagnostic and Treatment Considerations section

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered and/or red flag diagnoses are being evaluated. In this case, however, there is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention involving the lumbar spine. There is no evidence that the treating provider and/or applicant are evaluating any red flag diagnoses such as fracture, tumor, cauda equina syndrome, etc. The requesting provider is a chiropractor (DC), making unlikely that the applicant would act on the results of the same and/or pursue a surgical remedy were it offered. Therefore, the request is not medically necessary.

**Magnetic Resonance Imaging (MRI) of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulders

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 9, Table 9-6, page 214.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, the routine usage of shoulder MRI imaging without surgical indications is "not recommended." In this case, there is no evidence that the applicant is intent on acting on the results of the proposed shoulder MRI. There is no evidence that the applicant is actively considering or contemplating any kind of surgical remedy involving the shoulder. It appeared that the requesting provider was simply requesting multiple MRI imaging studies for evaluation purposes with no intention of acting on the same. This is not indicated, per ACOEM. Therefore, the request is not medically necessary.

**Magnetic Resonance Imaging (MRI) of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 8, Table 8-8, page 182.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI imaging of the cervical spine is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention involving the cervical spine. The fact that multiple MRI studies were concurrently sought implies that the attending provider was simply performing MRI studies of several body parts for evaluation

purposes with no intention of acting on the results of the same. Therefore, the request is not medically necessary.