

<b>Case Number:</b>	CM14-0211397		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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 [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 13, 2013. In a Utilization Review Report dated November 26, 2014, the claims administrator denied requests for cervical and lumbar MRI imaging, referencing progress notes and RFA forms dated November 17, 2014 and November 19, 2014. The claims administrator stated that its decision was based on ACOEM but did not incorporate ACOEM Guidelines into its report rationale. In a November 17, 2014 progress note, the applicant reported persistent complaints of left shoulder pain, neck pain, low back pain, and left thigh pain, cumulatively rated at 6-7/10. The applicant exhibited an unchanged neurologic exam. Tenderness was noted about the cervical spine region, paracervical musculature, paraspinal musculature, and shoulder region. The attending provider stated that MRI imaging of the lumbar spine and cervical spine were needed for "further investigation" purposes. The applicant apparently had pending left shoulder surgery, it was stated. In an earlier note dated October 22, 2014, the attending provider again stated that the applicant was pending authorization for left shoulder surgery for stated diagnosis of impingement syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, there was/is no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the procedure in question. Rather, it appeared that the attending provider was intent on performing MRI studies of numerous body parts, with no clearly formed intention of acting on the results of the same. The fact that the applicant had a pending shoulder surgery procedure significantly diminished the likelihood of the applicant's acting on the results of the proposed lumbar MRI and/or considering lumbar spine surgery based on the outcome of the same. Therefore, the request is not medically necessary.

**One MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical spine is recommended to help validate 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 surgical intervention involving the cervical spine based on the outcome of the procedure in question. The multifocal nature of the applicant's complaints, coupled with the fact that the applicant was pending a forthcoming shoulder surgery procedure, significantly diminished the likelihood of the applicant's acting on the results of the proposed cervical spine MRI and/or consider any kind of cervical intervention based on the outcome of the same. Therefore, the request is not medically necessary.