

<b>Case Number:</b>	CM14-0215477		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	01/25/2006
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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 pain reportedly associated with an industrial injury of January 25, 2006. In a utilization review report dated November 25, 2014, the claims administrator denied a request for cervical MRI imaging, approved a follow-up visit, and approved eight sessions of chiropractic manipulative therapy. The claims administrator stated that its decision was based on the November 17, 2014 progress note. The claims administrator stated that the applicant had a history of earlier anterior cervical discectomy and fusion surgery at C5-C6 and C6-C7 and seemingly suggested that the applicant had reported heightened radicular complaints on that date. The applicant's attorney subsequently appealed. On October 31, 2014, the applicant reported persistent complaints of neck pain radiating into the right arm. Ancillary complaints of right shoulder pain and right elbow pain were also reported. The applicant had a variety of comorbidities, including asthma, dental issues, shoulder issues, and a left toe injury. The applicant had undergone a gastric bypass procedure. The applicant is recently divorced, it is further noted. The applicant had issues with depression. The applicant's medication list included Abilify, Ambien, Celebrex, Colace, Cymbalta, Imitrex, Ritalin, MiraLAX, Prilosec, albuterol, Seroquel, tramadol, and Desyrel. Multiple medications were renewed. The applicant exhibited 4-/5 to 5-/5 upper extremity strength. The applicant was asked to employ Neurontin on a trial basis. The applicant's work status was not clearly outlined. It was suggested that another one of the applicant's providers had endorsed MRI imaging despite the fact that the applicant's cervical spine surgeon did not recommend further cervical spine surgery. In an applicant questionnaire

dated October 17, 2014, the applicant acknowledged that she was not working. In an associated progress note of October 17, 2014, the applicant reported ongoing complaints of neck pain, at times severe. The applicant was following up with an addiction medicine specialist and a pain psychologist. The applicant was pending chiropractic manipulative therapy. 4-/5 to 4+/5 upper extremity strength was appreciated. MRI imaging of the cervical spine was endorsed owing to the applicant's reportedly worsening upper extremity radicular complaints.

### **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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

**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 102 does acknowledge that MRI or CT imaging of the neck and/or upper back 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 mention of the applicant's willingness to consider any kind of invasive procedure involving the cervical spine based on the outcome of the MRI in question. One of the applicant's treating providers, furthermore, suggested on October 31, 2014 that the applicant has consulted a cervical spine surgeon who did not recommend further neck surgery. The provider who requested the cervical MRI on October 17, 2014 did not clearly state how (or if) the proposed cervical MRI would influence or alter the treatment plan. There was, thus, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the cervical MRI at issue and/or consider any kind of surgical intervention involving the same. Therefore, the request for MRI of cervical spine not medically necessary.