

<b>Case Number:</b>	CM15-0065266		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	05/22/2003
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 62-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of headaches reportedly associated with an industrial injury of May 22, 2003. In a Utilization Review report dated March 30, 2015, the claims administrator failed to approve a request for MRI imaging of the cervical spine. A RFA form of March 24, 2015 and associated progress note of March 23, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated September 4, 2014, the applicant reported an 11-year history of ongoing neck, upper back, and mid back pain, collectively rated at 7/10. Mild cervical pain was appreciated with range of motion testing. The applicant was apparently asked to continue Lyrica, Lidoderm, Ativan, and Celebrex for pain relief. On March 23, 2015, the applicant again reported ongoing complaints of neck pain, reportedly unchanged from the preceding visit. Cervical spine MRI imaging was endorsed while multiple medications were refilled. The applicant's work status was not furnished. The progress note contained little in the way of narrative commentary. It was not stated how (or if) the cervical MRI would influence or alter the treatment plan.

### 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): 182, table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back.

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

**Decision rationale:** 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 recommend MRI or CT imaging of the cervical spine, to help 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, little-to-no narrative commentary accompanied the request for authorization. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical procedure or surgical intervention involving the cervical spine based on the outcome of the study in question. Rather, it appeared that the test in question was ordered for routine or evaluation purposes, with no clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.