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| <b>Case Number:</b>   | CM15-0065274 |                              |            |
| <b>Date Assigned:</b> | 04/13/2015   | <b>Date of Injury:</b>       | 10/02/2014 |
| <b>Decision Date:</b> | 05/12/2015   | <b>UR Denial Date:</b>       | 03/31/2015 |
| <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 59-year-old who has filed a claim for chronic neck, mid back, low back, and shoulder pain reportedly associated with an industrial injury of October 2, 2014. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve requests for cervical and lumbar MRI imaging. A consultation report of March 16, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On March 16, 2015, the applicant reported ongoing complaints of neck and low back pain status post a motor vehicle accident several months prior. The applicant had had physical therapy and manipulative therapy elsewhere. 7-8/10 neck, back, and shoulder pain complaints were reported. The back pain did radiate to right thigh, the treating provider reported. The applicant was not exercising. The applicant stated that walking was quite problematic. The applicant was off work, it was acknowledged. Limited shoulder, low back, and neck pain were evident on exam, apparently secondary to guarding. The applicant apparently declined to perform tandem gait and/or heel and toe ambulation. Giveaway weakness was noted on motor exam with no reproducible deficits evident. MRI imaging of the shoulder, neck, and low back were all reported. The attending provider also furnished the applicant with prescriptions for Ultracet and Relafen. The attending provider seemingly suggested that he was ordering the studies in question for applicant reassurance purposes. There was no mention of the applicant's considering any kind of surgical intervention involving any of the body parts in question. The attending provider seemingly suggested that the applicant had developed anxiety associated with his pain complaints. The requesting provider was a physiatrist, it was incidentally noted.

## 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 cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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 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, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention or invasive procedure based on the outcome of the study in question. Rather, the treating provider seemingly suggested that he had ordered MRI imaging for reassurance purposes to assuage the applicant's anxiety. The requesting provider, it was further noted, was a physiatrist, not a spine surgeon, further reducing the likelihood of the applicant's acting on the results of the proposed cervical MRI and/or considering any kind of invasive procedure or surgical intervention based on the outcome of the same. The fact that three separate MRI studies were concurrently ordered further reduced the likelihood of the applicant's acting on the results of any one study and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

**Magnetic resonance imaging (MRI) of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter: Low Back - Lumbar & Throacic (Acute & Chronic).

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

**Decision rationale:** Similarly, the request for MRI imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in 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, however, as with the preceding request, there was no evidence that the applicant was willing to act on the results of the study in question and/or consider surgical intervention based on the outcome of the same. The requesting provider was a physiatrist, not a spine surgeon, significantly diminishing the likelihood of the applicant's acting on the results of the study in question. The attending provider, furthermore, did acknowledge that the testing in question was being proposed for

reassurance purposes. This is not, however, an indication for MRI imaging, per ACOEM. Therefore, the request was not medically necessary.