

<b>Case Number:</b>	CM15-0066189		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/06/2015
<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 43-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 7, 2013. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve a request for cervical MRI imaging. The claims administrator referenced a progress note of February 23, 2015 and a RFA form of February 25, 2015 in its determination. Non-MTUS ODG Guidelines were invoked in the denial despite the fact that the MTUS addresses the topic. On March 12, 2015, the applicant reported ongoing complaints of low back and neck pain. The applicant was returned to restricted duty work. The applicant did report radiation of neck pain to the arms and low back pain radiating into the legs. It was suggested that the applicant was working with restrictions in place. In an earlier note dated February 26, 2015, the applicant consulted a physiatrist reporting 8/10 neck and low back pain with radiation of neck pain to the right upper extremity. Low back pain was also radiating into the right lower extremity, the treating provider maintained. The applicant did have known issues with symptomatic spondylolisthesis in the lumbar spine region, the treating provider maintained. 5/5 upper and lower extremity strengths were appreciated bilaterally. MRI imaging of the cervical spine, Prilosec, Colace, and a rather permissive 25-pound lifting limitation were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat magnetic resonance imaging (MRI) of the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, MRI.

**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 invasive procedure involving the cervical spine based on the outcome of the study as of the February 23, 2015 progress note at issue. The requesting provider was a physiatrist, not a spine surgeon or neurosurgeon, further diminishing the likelihood of the applicant's acting on the results of the study in question. The applicant's 5/5 upper extremity strength also argued against any focal nerve root compromise referable to the cervical spine. Therefore, the request was not medically necessary.