

<b>Case Number:</b>	CM15-0092075		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	10/27/2000
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 68-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 27, 2000. In a Utilization Review report dated May 4, 2015, the claims administrator denied a request for cervical MRI imaging. A RFA form dated April 28, 2015 and associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On April 28, 2015, the applicant reported ongoing complaints of low back, shoulder, and hip pain. Ancillary complaints of neck pain were also reported. 7/10 pain complaints were noted. It appears that his low back was the primary pain generator. The applicant did have comorbidities including diabetes, hypertension, dyslipidemia, it was reported. The applicant was on Celebrex, Neurontin, and Norco for pain relief, it was reported. The applicant was no longer working and had been deemed disabled, it was suggested. The applicant exhibited a visibly antalgic gait. Neurontin, Norco, and Celebrex were renewed. MRI imaging of the cervical spine was sought on the grounds that the applicant had heightened neck and right arm radicular pain complaints, the treating provider reported toward the bottom of the report. The requesting provider was a family nurse practitioner (FNP), it was suggested.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**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, here, however, the applicant's presentation and multiplicity of pain generators, including the neck, low back, bilateral shoulders, hips, etc., argues against the presence of focal nerve root compromise associated with the cervical spine. The requesting provider was a family nurse practitioner (FNP), not a spine surgeon; significantly reducing the likelihood of the applicant's acting on the results of the study in question and/or consider surgical intervention based on the outcome of the same. The requesting provider did not clearly state how the study in question would influence or alter the treatment plan. There was, in short, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.