

<b>Case Number:</b>	CM15-0093514		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 45-year-old who has filed a claim for chronic neck, shoulder, and upper arm pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of April 7, 2014. In a Utilization Review report dated April 15, 2015, the claims administrator denied a request for cervical MRI imaging. A progress note of April 1, 2015 and an associated RFA form of April 6, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In an office visit of April 1, 2015, difficult of follow, not entirely legible, the applicant reported ongoing complaints of neck pain. It was suggested that earlier cervical MRI imaging of April 27, 2014 had demonstrated degenerative changes and moderate-to-severe neuroforaminal narrowing at the C5-C6 level. The attending provider stated that the applicant needed a definitive reading of the previous cervical MRI of April 27, 2015. The applicant was returned to regular duty work. It was suggested that the applicant was working. In a RFA form dated April 6, 2015, MRI imaging of the cervical spine was sought, without any supporting rationale.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation Neck and Upper Back Complaints - MRI (magnetic resonance imaging).

**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 act on the results of the cervical MRI at issue and/or consider a surgical intervention based on the outcome of the study in question. Rather, the attending provider's handwritten progress note of April 1, 2015 seemingly suggested that the attending provider was intended on obtaining a formal re-read of an earlier 2014 cervical MRI. Little-to-no rationale accompanied the April 6, 2015 RFA form. There was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or consider a surgical intervention based on the outcome of the same. The April 1, 2015 progress note was thinly and sparsely developed, handwritten, difficult to follow, and did not set forth a clear or compelling case for the MRI in question. Therefore, the request was not medically necessary.