

<b>Case Number:</b>	CM15-0098475		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 pain reportedly associated with an industrial injury of February 22, 2010. In a Utilization Review report dated April 21, 2015, the claims administrator failed to approve a request for cervical MRI imaging with contrast. The claims administrator referenced a RFA form received on April 14, 2015 in its determination. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addressed the topic. A progress note of April 13, 2015 was also referenced in the determination. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant reported ongoing complaints of neck, shoulder, head, and ear pain. The applicant also had ancillary issues with sexual dysfunction, it was reported. The applicant was still smoking a pack a day, it was reported. The applicant's medication list included Viagra, Soma, and Norco. The applicant apparently exhibited normal muscle tone in the bilateral upper and bilateral lower extremities with tenderness about the bilateral cervical paraspinal musculature and a well healed anterior surgical scar evident. Cervical MRI imaging with contrast was sought. The applicant had undergone an earlier failed cervical spine surgery, it was reported. The attending provider seemingly stated that the applicant had worsening complaints of neck pain radiating to the ear over the preceding one and a half months. The attending provider then stated that he was intent on assessing residual nerve damage issue status post the earlier failed cervical fusion surgery. The attending provider also noted that the applicant had undergone earlier shoulder surgery.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Cervical Spine MRI with Contrast: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

**Decision rationale:** Yes, the request for cervical MRI imaging with contrast was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-4, page 172, MRI with gadolinium contrast will demonstrate scarring in applicants in whom postlaminectomy syndrome is suspected. Here, the applicant had in fact undergone earlier failed cervical spine surgery. The applicant had worsening complaints of neck pain radiating to the right ear with associated complaints of difficulty swallowing, imputed by the treating provider to the applicant's failed cervical spine surgery. The fact that the applicant had undergone earlier cervical spine surgery as well as earlier shoulder surgery significantly increased the likelihood of the applicant's acting on the results of the cervical MRI in question and/or go on to pursue surgical intervention based on the outcome of the same. Moving forward with MRI imaging to delineate the source of the applicant's issues and allegations with difficulty swallowing was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.