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| <b>Case Number:</b>   | CM13-0007323 |                              |            |
| <b>Date Assigned:</b> | 09/04/2013   | <b>Date of Injury:</b>       | 01/25/1998 |
| <b>Decision Date:</b> | 01/14/2014   | <b>UR Denial Date:</b>       | 07/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/05/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 01/25/1998. The patient's occupation is a police officer. The patient's diagnosis is status post a cervical fusion in 2012. An initial physician reviewer notes that this patient has presented with continued pain and bilateral hand numbness and that the treating physician had requested a cervical MRI in order to monitor any further changes. The reviewer noted that given the patient was not a surgical candidate and the MRI would not affect treatment, the guidelines would not support this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Cervical MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** The ACOEM, chapter 8/neck, page 182, recommends MRI imaging, "to validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for invasive procedure." The medical records do not meet these guidelines. The

patient is reported Final Determination Letter for IMR Case Number [REDACTED] to be stable in terms of neurological exam, and no specific invasive procedure is proposed. The medical records and guidelines do not support this request for an MRI of the cervical spine. This request is not medically necessary.