

<b>Case Number:</b>	CM13-0014384		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	09/07/2010
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 Orthopedic Surgery, and is licensed to practice in New York. 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 patient is a 41 year old female who was injured on September 7, 2010 due to repetitive lifting. She complains of chronic back and neck pain. Treatment has included chiropractic and work conditioning. The patient has been diagnosed with cervical, lumbar, and thoracic sprains. Physical examination results indicate decreased cervical and lumbar range of motion, but do not localize any specific radiculopathy. The patient does not complain of arm or leg pain. Multiple examinations in the chart do not document any evidence of cervical or lumbar radiculopathy. Sensation is documented as being intact in all 4 extremities. Reflexes are documented as normal, and X-rays have not been performed. At issue is whether a Retro MRI of the lumbar and cervical spine is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Lumbar and Cervical Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The ACOEM Guidelines suggest that unequivocal evidence of a neurologic deficit or red flags must be present for the recommendation of MRI imaging. This patient has no documented neurologic deficit in either the upper or lower extremities. In addition there were no red flag indicators for MRI imaging at this time. There is no documentation of concern for fracture or tumor. Based on the documentation in the medical records, neurologic findings are not present, red flags are not present, and the patient does not meet established criteria for cervical a lumbar MRI. The request for a retro MRI of the lumbar and cervical spine is not medically necessary and appropriate.