

<b>Case Number:</b>	CM13-0025022		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	10/22/2011
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine 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 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/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 injured worker had an initial injury on October 22, 2011 from a motor vehicle accident. The diagnoses include central cord syndrome, chronic neck pain, cervical "instability at C6-7", radicular syndrome of the lower limbs and chronic low back pain. A previous CAT scan of the cervical spine demonstrated C6 through C7 spondylosis. A utilization review determination on August 29, 2013 had denied the request for cervical MRI. The determination specifically states that "the finding of radicular pain reproduce with cervical extension can be attributed to the CT scan finding. There is no clinical presentation suggestive of tumor, infection, fracture, neurocompression or recurrent disc herniation which would warrant performing an MRI at the present time."

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MAGNETIC RESONANCE IMAGING (MRI) OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** In a progress note on date of service July 23, 2013, there is documentation that "this patient seems to be worsening with recent onset which may indicate an aggravation of the spondylolisthesis of C6 on C7 or a development of a herniated disk with nerve root impingement since she presented with symptoms of less cervical radiculopathy on extension of the cervical spine." The requesting healthcare provider noted on physical examination that cervical extension resulted in less radiculopathy. Other neurologic examination such as testing of deep tendon reflexes, sensory examination, and a full motor examination was not conducted. Therefore there is not conclusive demonstration of physiologic evidence of tissue insult or neurologic dysfunction to warrant a cervical MRI at this time. Per guidelines, this request is recommended for noncertification.