

<b>Case Number:</b>	CM13-0032163		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/15/2008
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Family Practice has a subspecialty in Preventive 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 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:

Female claimant sustained a shoulder, back and neck injury on 10/15/08. She received a diagnosis of lumbar radiculopathy, spinal stenosis L5-S1, facet syndrome based on an MRI in July 2013. She has received spinal injections as well as shoulder arthroscopic surgery. A progress note on 9/18/13 stated she had 50% improvement after a recent steroid epidural injection and she had done well with her shoulder. Her examination that day noted decreased sensation in the S1 distribution and tingling in her leg. Consequently, A cervical MRI was ordered and another lumbar epidural injection. A similar exam was noted the prior month (8/7/13) as well as on 3/22/13 with no mention of cervical findings or need for an MRI. Progress notes from 2/27/13, 3/27/13, and 5/22/13 indicate unremarkable cervical spinal examinations. A recent report on 10/30/13 does not indicate cervical symptoms or a request for a cervical MRI despite a similar exam as 9/18/13.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 179-180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** Numerous examination reports do not indicate a cervical distribution of sensory, motor or reflex deficits. If physiologic evidence indicates tissue insult or nerve impairment then an MRI or CT can be considered for defining the potential cause. The documentation provided does not indicate specific cervical related impairment. There have been prior similar findings with no mention of requiring injections in that region or specific therapy. There is no mention of worsening of symptoms. As a result, the information provided does not provide justification for medical necessity of a cervical MRI.