

<b>Case Number:</b>	CM13-0038386		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 05/10/2012. The mechanism of injury was not provided. The patient was noted to have dysesthesia at the C6 and C7 dermatomes. The patient was also noted to have an axial loading compression test and Spurling's maneuver that were positive. The patient was noted to have tenderness at the cervical paravertebral muscles. The patient's diagnosis was noted to include cervical discopathy. The request was made for an MRI of the cervical spine and medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (presumed cervical):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The ACOEM Guidelines indicate that the criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The patient was noted to have

objective physiologic findings including dysesthesia at C6, and C7 dermatomes. Additionally, the patient was noted to have an axial loading compression test and Spurling's maneuver that were positive. The submitted documentation dated 11/07/2013 revealed that the patient had opted to proceed with a surgical intervention and given the patient's physiologic evidence of neurologic dysfunction as well as the use of the scan for surgical planning, the request for an MRI (presumed cervical) is medically necessary.

**unspecified medication refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The ACOEM Guidelines indicate that non-prescription analgesics will provide sufficient pain relief for most patients with acute and subacute symptoms. The clinical documentation submitted for review failed to provide the medications that were being requested. Given the above and the lack of documentation for clarification, the request for Med Refill (unspecified) is not medically necessary.