

<b>Case Number:</b>	CM13-0041035		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 31-year-old female who reported injury on 02/07/2013. The mechanism of injury was not provided. The patient was noted to have 7/10 cervical pain with left upper extremity symptoms. The patient was noted to have a positive Jackson's compression test and cervical compression test. The patient was noted to have a positive cervical distraction test. The patient's diagnoses were noted to include cervical pain. The request was made for a repeat MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI Cervical Spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, MRI

**Decision rationale:** The Official Disability Guidelines recommends repeat MRIs for a significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review indicated the patient had a cervical spine MRI on 05/20/2013 which revealed the patient had an essentially unremarkable cervical spine and an

approximately 2.5 cm cyst or polyp incidentally noted at the base of the left maxillary sinus. The patient's physical examination was noted to be upper extremity neurological evaluation essentially unchanged and the patient was noted to have cervical range of motion 50% of normal in extension, bilateral rotation, and bilateral tilt with 60% of normal in flexion. The patient was noted to have tenderness to the cervical spine and the patient was noted to have spasm of the cervical trapezius/cervical paraspinal musculature that was less pronounced. Upon comparison of the physical examination findings, there was a lack of documentation indicating the patient had a significant change in symptoms and/or findings suggestive of a significant pathology. Given the above, the request for repeat MRI of cervical spine is not medically necessary.