

<b>Case Number:</b>	CM13-0051175		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 47 year old man who sustained a work related injury on June 13, 2012. He subsequently developed chronic neck pain. He underwent neck surgery on January 28, 2013. According to the note dated on September 10, 2013, patient reported neck pain. No neurological evaluation was documented. The provider requested authorization for an MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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): 178.

**Decision rationale:** According to MTUS guidelines, MRI of the cervical spine is recommended when surgery is being considered for a specific anatomic defect, and to further evaluate the possibility of potentially serious pathology, such as a tumor. MRI has a high potential to identify anatomic defect. There is a need for more clinical information regarding the employee's condition to be able to assess the medical necessity for cervical MRI for this employee.

