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| <b>Case Number:</b>   | CM13-0062018 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 09/23/2009 |
| <b>Decision Date:</b> | 04/21/2014   | <b>UR Denial Date:</b>       | 08/12/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/04/2013 |

### 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 and 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 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 patient is a 35-year-old male who reported an injury on 09/23/2009. The mechanism of injury was noted to be repetitive motion. The patient is diagnosed with cervical strain and herniated nucleus pulposus in the cervical spine. His symptoms are noted to include pain in his neck and left arm. A prior MRI of the cervical spine was performed on 12/17/2009 and revealed a 1 mm posterior disc protrusion minimally indenting the dural sac at the C3-4 level without spinal canal or neural foraminal narrowing; a 1 mm posterior disc protrusion minimally compressing the dural sac at the C4-5 level, as well as mild hypertrophy degenerative changes involving the vertebral body margins and facet joints; and a 2 mm broad-based posterior disc protrusion at the C5-6 level mildly compression the adjacent dural sac, with mild hypertrophic degenerative changes.

### 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 WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, California Medical Treatment & Utilization Schedule Plus, Online Version, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, and the Official Disability Guidelin

**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

**Decision rationale:** The Official Disability Guidelines indicate that MRIs may be recommended for patients who have clear cut neurologic findings or suspicion for ligamentous instability. Repeat MRIs are not routinely recommended by the guidelines, and it is specified that they should be reserved for significant changes in clinical findings suggestive of significant pathology. The clinical information submitted for review indicates that a repeat MRI was requested due to the patient's persistent complaints of radiating pain from his cervical spine to his left upper extremity. The treating physician indicates that the patient would likely need to have an anterior cervical fusion in the future and there needs to be a current MRI to determine the current status of his cervical spine. It was also noted that the patient has failed conservative treatment. The most recent progress note provided, dated 11/22/2013, indicated that the patient was still having pain in his left arm and neck, but was able to function at a full duty status and he had reduced his medications. Physical examination findings were not documented within that note. The most recent physical examination findings related to the cervical spine were documented within the 07/23/2013 progress note and indicated that the patient had full range of motion in the cervical spine as well as full range of motion in the shoulders. The patient was not shown in recent progress notes to have significant or neurological deficits or significant worsening in symptoms to warrant a repeat MRI. Therefore, despite the documentation that the patient has persistent symptoms despite conservative treatment, in the absence of documented evidence of progressive neurologic deficits, a repeat MRI is not supported. As such, the request is non-certified.