

<b>Case Number:</b>	CM13-0066736		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Interventional Spine 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 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 57 year-old female with the date of injury of 11/01/2007. The patient presents with neck pain, radiating down to her left shoulder, rating her neck pain as 4-10/10 on the pain scale. According to [REDACTED] report on 05/21/2013, diagnostic impressions are: Lumbar radiculopathy, Degenerative disc disease: lumbar, GERD, Pain in joint, shoulder region, Brachial neuritis or radiculitis nos, Cervicalgia, Degeneration of cervical intervertebral disc, Cervical spondylosis without myelopathy. [REDACTED] requested for MRI of her cervical spine without contrast. The utilization review determination being challenged is dated on 12/04/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 05/21/2013 to 11/19/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL SPINE MRI WITHOUT CONTRAST:** 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): 177, 178.

**Decision rationale:** The patient presents with cervical pain and spasm radiating to the left shoulder. The request is for MRI of the cervical spine without contrast. The request was denied by utilization review letter on 12/04/2013 citing lack of neurologic deficits. Review of the reports does not show that the patient has had a previous MRI of the cervical spine. In addition, the treater does not indicate why MRI of the cervical spine is being requested. There are no reports that specifically discuss this request. The MTUS guidelines do not discuss MRI but ACOEM guidelines do not recommend it unless there is an 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. In this case, such suspicions are not discussed in any of the reports. The request is not medically necessary.