

<b>Case Number:</b>	CM14-0008138		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 60-year-old male with a reported injury on 06/10/2010. The mechanism of injury was not provided. He had an examination on 09/19/2013. He was complaining of being unable to stand for long periods of time. His medications consisted of omeprazole, diclofenac, cyclobenzaprine, and theramine. There was no history of any physical therapy. There was a lack of documentation of a physical cervical examination to review. He had an MRI of the lumbar spine in 2013 with mild degenerative arthritis to the lumbar spine, spinal canal stenosis, and bilateral mild neural foraminal narrowing. There was no evidence of conservative treatments such as physical therapy or the use of NSAIDs or the efficacy of medications, and there was no evidence of a home exercise program. The treatment plan stated the injured worker was awaiting a cervical spine MRI. The request for authorization was not provided and the rationale also was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Indications for Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, magnetic resonance imaging (MRI).

**Decision rationale:** The ACOEM Guidelines do indicate that the MRI would be for spinal stenosis and post laminectomy. The Official Disability Guidelines recommend for the MRI for chronic neck pain after 3 months of conservative treatments such as radiographs normal, neurological signs and symptoms present. There has been no record of any conservative treatment such as physical therapy, efficacy of medications, or a home exercise program. There is no evidence of a radiograph that is normal and there is no evidence of signs and symptoms of neurological deficits. Therefore, the request for the MRI of the cervical spine is not medically necessary.