

<b>Case Number:</b>	CM14-0101646		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/08/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Occupational 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 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:

This male patient has chronic cervical and lumbar pain subsequent to an injury dated 12/08/08. The primary treating physician documented a flare of his neck and low back pain that was associated with increased stiffness. Physical therapy was recommended along with MRI studies to reassess disc disease. The results of prior cervical studies are not documented by the requesting physician. The requesting physician does carefully document that no radiculopathic or myelopathic signs and symptoms are present. No indications for "red flag" (infection or tumor) conditions are reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the cervical spine without contrast, quantity: 1.00:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

**Decision rationale:** MTUS Guidelines do not recommend MRI studies unless there is neurological deterioration, "red flag" conditions or evidence of instability on plain films. None of these conditions appear to be present with this patient. Guidelines do not support MRI scanning under these circumstances. There are no unusual circumstances to justify an exception to Guidelines. The requested cervical MRI is not medically necessary.