

<b>Case Number:</b>	CM14-0011913		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 is a 32-year-old patient with a May 24, 2012 date of injury. A February 5, 2014 progress report indicates no significant change from previous clinic visit. The patient underwent an MRI of the cervical spine on January 6, 2014, demonstrating, at C3-4, a 2.2-mm central focal disk protrusion abutting the thecal sac; at C4-5, a 2 mm central focal disk protrusion abutting the thecal sac; and, at C5-6, a 2-mm central focal disk protrusion abutting the thecal sac. Exam demonstrates tenderness over the paracervical muscles bilaterally; unremarkable neurologic findings of the upper extremities. A December 11, 2013 progress report indicates constant neck, back and shoulder pain. The patient is not working. Medical reports from 2013 consistently indicate persistent headaches, neck pain radiating to the upper extremities, mid back pain, bilateral shoulder and arm soreness, sleep interruption and difficulty falling asleep. An August 16, 2013 progress report indicates unremarkable cervical spine physical exam findings. Neurologic findings were unremarkable with no motor or sensory deficits noted. Thoracic spine x-rays demonstrate mild scoliosis of the upper thoracic spine convex to right. There is documentation of a previous January 15, 2014 adverse determination for lack of neurologic abnormalities on physical exam; lack of red flags or planned surgery.

### 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 neck spine without dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Neck and Upper Back Chapter), MRI.

**Decision rationale:** The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. The patient recently underwent cervical MRI on January 6, 2014; a repeat study would not be indicated as there is no change or progression in neurologic findings. If this is a retrospective request for the study obtained on January 6, 2014, there remains no evidence of focal neurologic deficits that would have warranted this imaging study. Therefore, the request for Magnetic Resonance Imaging (MRI) of the neck spine without dye is not medically necessary or appropriate.