

<b>Case Number:</b>	CM14-0017824		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	08/06/2003
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 female who reported an injury on 12/09/2013. The mechanism of injury was not documented. The injured worker is status post C4 to C7 anterior cervical discectomy and fusion procedure which occurred 12/07/2010. The injured worker complained her symptoms were persisting and getting worse over time, such as severe headaches along with cervical pain and numbness to her hands bilaterally, especially in the last two digits of her bilateral hands. The injured worker also had surgery to her right shoulder in December of 2012. The physical exam performed on 12/09/2013 showed exhibited bilateral weakness with 4/5 strength in her biceps, triceps, wrist flexors, and wrist extensors. There is lack of documentation to support neurological deficits. The request of authorization form was not submitted with the medical records. The request is for a MRI of the cervical spine to better assess her prior fusion.

### 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , 8,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004)  
, NECK AND UPPER BACK COMPLAINTS, 172

**Decision rationale:** The request for an MRI of the cervical spine is non-certified. The injured worker had C4 to C7 anterior cervical discectomy and fusion procedure on 12/07/2010. The worker complained of worsening pain to cervical spine and numbness to bilateral hands. The California MTUS/AECOM guidelines do not recommend testing for 4-5 weeks in the absence of progressive motor weakness. There is no documentation to support a progressive weakness as well as no neurological examinations performed within the medical records. Therefore, the request is non-certified.