

<b>Case Number:</b>	CM14-0018101		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	04/26/1999
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	02/10/2014
<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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 56 year old male who reported an injury on 04/26/1999 due to a motor vehicle accident. On the clinical note dated 02/24/2014, the injured worker complained of neck pain that radiated down the arm into his fingers. His last MRI was in 2012 and it showed C3-4- and C5-6 disc herniations. An x-ray dated 09/2013 showed significant disc space narrowing and disc space collapse at C3-4 and C5-6 per comment on clinical note. The physical examination showed 5/5 motor testing symmetric, diminished sensation along the extensor surfaces of the left arm and forearm, and negative Tinel test over wrist and elbow. It was noted that there was increased left-sided neck pain with extension and that lateral stretch caused paresthesias down the arm. The medications listed included Protonix and Voltaren gel. The treatment plan was to undergo a series of cervical epidural cortisone injections, however; there was no updated cervical MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI OF THE CERVICAL SPINE WITHOUT CONTRAST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The request for 1 magnetic resonance imaging (MRI) of the cervical spine without contrast is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM) state that MRI are warranted for patients with evidence of nerve root dysfunction. The clinical note on 02/24/2014 did not show evidence of failure of conservative therapy to be reviewed. It did show diminished sensation along the extensor surfaces of the left arm and forearm; however, it did not show a significant change in symptoms and or findings suggestive of significant pathology. Therefore, the request for 1 magnetic resonance imaging (MRI) of the cervical spine without contrast is not medically necessary.