

<b>Case Number:</b>	CM14-0110898		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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:

According to the records made available for review, this is a 49-year-old female with a 10/26/12 date of injury. At the time (6/27/14) of request for authorization for cervical MRI with and without contrast, there is documentation of subjective (neck pain, radiation of pain to both upper extremities, right greater than left, both shoulder, arms, palmar aspect of both hands, dorsal surface of both hand, and all fingers; associated upper extremities weakness, numbness, and tingling) and objective (1+ brachioradialis reflex, decreased sensation in the left thumb, volar aspect of the hand and anterior forearm, tenderness over midline of the cervical spine) findings, imaging findings (cervical spine MRI (8/12) revealed mild degenerative changes at C5-6 with mild posterior osseous disc complex and facet arthropathy, there is no significant canal or foraminal stenosis or evidence nerve root impingement), current diagnoses (degeneration of cervical intervertebral disc), and treatment to date (acupuncture, physical therapy, chiropractic, trigger point injections, carpal tunnel injection, activity modification, and medications). 6/13/14 medical report identifies that last MRI was done 1.5 years ago but patient's pain has worsened since then which warrants re-evaluation. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (new or altered physical findings).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical MRI with and without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)-Pain section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnosis of degeneration of cervical intervertebral. In addition, there is documentation of a prior cervical MRI done 8/12. However, despite documentation that patient's pain has worsened since previous MRI, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for cervical MRI with and without contrast is not medically necessary.