

<b>Case Number:</b>	CM14-0113014		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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, has a subspecialty in Pain Management 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 male patient with a date of injury of March 14, 2012. A utilization determination dated June 25, 2014 recommends non-certification of an MRI of the cervical spine without contrast. There were no up-to-date progress notes available for review to reference for the current request. However, a progress note dated May 23, 2012 identifies subjective complaints of sharp, dull intermittent back pain that the patient described as mild to moderate. Physical examination identified and abnormal exam of the neck, tenderness or spasm of the thoracolumbar spine or the paravertebral musculature, decreased flexion with reaching with fingertips to the midhigh and knee. Diagnoses include lumbar degenerative disc disease and lumbar sprain. An MRI of the cervical spine done on April 12, 2012 identifies mildly bulging disc with mild superimposed right central lateral disc protrusion herniation at C 5 - C 6 with mild deformity of the anterior spinal cord. The disc extends into the foramina to moderately displace exiting right C 6 roots. There is possible focal tear of the right posterior annulus. There is scattered spondylosis elsewhere most marked at C 3 - C 4 and multilevel foraminal narrowing most marked at left C3 - C 4 bilaterally and C5 - C 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine W/O Contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-179, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disabilities Guidelines: Neck & Upper Back (Magnetic Resonance Imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

**Decision rationale:** Regarding the request for an MRI of the cervical spine without contrast, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no recent indication of any red flag issues or significant subjective/objective neurological changes since the patients last MRI done on April 12, 2012. In the absence of such documentation the requested MRI of the cervical spine without contrast is not-medically necessary.