

<b>Case Number:</b>	CM14-0128679		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	11/18/1999
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Nevada. 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 50-year-old gentleman who was reportedly injured on November 18, 1999. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated July 8, 2014, indicates that there are ongoing complaints of low back pain, bilateral shoulder pain and neck pain. The physical examination demonstrated decreased cervical spine range of motion and tenderness along the cervical facets. There was a positive facet loading joint on the right side and slight right upper extremity muscle weakness. Diagnostic imaging studies of the cervical spine were performed on April 17, 2011, which showed degenerative changes at C4 - C5 and C5 - C6, and a disc bulge at C3 - C4 contacting the ventral surface of the dural sac. Previous treatment has included heat and ice as well as massage. A request was made for a magnetic resonance image of the cervical spine which was not certified in the pre-authorization process on July 29, 2014.

### 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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Magnetic Resonance Imaging, Updated August 4, 2014.

**Decision rationale:** According to the Official Disability Guidelines, a repeat magnetic resonance image the cervical spine is not indicated unless there are significant changes or read flags regarding the injured employee signs and symptoms. According to the progress note dated July 8, 2014, there are no abnormal neurological findings on physical examination. Considering this, the request for a magnetic resonance image the cervical spine is not medically necessary.