

<b>Case Number:</b>	CM14-0135695		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	05/29/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 39 year old male who reported an injury on 05/29/2010 due to an unknown mechanism of injury. The injured worker was diagnosed with status post L4-5 decompression, neck pain, and cervical spondylosis. The injured worker was treated with 8 visits of physical therapy for the neck and medications. The injured worker had an official MRI of the knees and lower back on 08/29/2013. Unofficial radiographs of the neck revealed cervical spondylosis at C4-7. The injured worker had decompression at L4-5 on an unknown date. On 07/28/2014, the injured worker complained of improved but persistent neck pain with radiation to both upper extremities to the fingers and down the upper back to the intrascapular region. The injured worker had restricted/ guarded cervical range of motion, a negative Spurling's sign, and tenderness to the paracervical musculature with intact sensation and motor strength. The injured worker was prescribed Naprosyn 500mg twice a day, Tramadol 50mg three times a day, Norco 10/325mg three times a day as needed. The treatment plan was for an MRI of the cervical spine. The rationale for the request was not indicated in the medical records. The request for authorization was submitted for review on 06/16/2014.

### 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): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for MRI of the cervical spine is not medically necessary. The California MTUS/ ACOEM guidelines recommend MRI when there is emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure is needed. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker complained of improved but persistent neck pain with radiation to both upper extremities to the fingers and down the upper back to the intrascapular region. There is a lack of documentation which demonstrates that conservative care has failed to provide relief. The medical records lack documentation of a significant change in symptoms or findings which indicate significant pathology. The injured worker's sensation and motor strength were intact. There is a lack of documentation regarding the emergence of a red flag, physiologic evidence of neurologic dysfunction, failure to progress in a strengthening program, or the intent to undergo an invasive procedure. As such, the request for MRI of the cervical spine is not medically necessary.