

<b>Case Number:</b>	CM14-0156737		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	03/06/2002
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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:

Patient is a 49-year-old female with date of injury 03/06/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/21/2013, lists subjective complaints as pain in the mid and lower back. Objective findings: Examination of the thoracic and lumbar spine revealed tenderness to palpation and muscle guarding of the paravertebral muscles. Range of motion was decreased due to pain. Sensation to light touch and pinprick was diminished along the LT L4, L5, and S1 dermatomes. Motor strength to the bilateral lower extremities was 5/5. Diagnosis: 1. Lumbar radiculopathy 2. Cervical radiculopathy 3. Right shoulder impingement 4. Right knee impingement 5. Cervical and lumbar myofascial pain 6. Right ankle and hip strain. An MRI of the cervical spine performed on 01/21/2013 was positive for straightening of the normal cervical lordosis that may be due to muscle spasm. C4-5, C5-6 and C6-7 levels showed a 2mm posterior annular bulge. Mild foraminal compromise. No root impingement or cord compression was detected.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI CERVICAL SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178, 182.

**Decision rationale:** The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. Cervical MRI is not medically necessary.