

<b>Case Number:</b>	CM14-0161675		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 58-year-old female who reported injury on 03/19/2012. The mechanism of injury was not provided. The injured worker underwent an MRI of the cervical spine previously, which revealed a C4-5 diffuse disc protrusion effacing the thecal sac. Prior treatments included physical therapy, lumbar spine epidural steroid injections, and medication. Surgical history included an arthroscopic surgery of the shoulder and the knee. The documentation of 09/13/2014 revealed the injured worker was experiencing neck pain. The injured worker had bilateral radicular symptoms in the upper extremities. The physical examination revealed decreased range of motion of the cervical spine. The diagnoses included coccyx strain/sprain, and lumbalgia. The treatment plan included an MRI of the neck to rule out stenosis and a followup with a spine specialist. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical and neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** The Official Disability Guidelines indicate a repeat MRI is reserved for a patient with a significant change in symptoms or findings of a significant pathology. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation of objective findings upon physical examination to support the necessity for a repeat MRI. Given the above, the request for MRI cervical and neck is not medically necessary and appropriate.