

<b>Case Number:</b>	CM14-0162601		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 New York. 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 48-year-old male who reported an injury on 12/07/2012 after moving portable bathrooms. The injured worker reportedly sustained an injury to his cervical spine. The injured worker's treatment history included physical therapy and chiropractic care. The injured worker was evaluated on 09/10/2014. Physical findings included tenderness to palpation at the C4-5 and C5-6 cervical spinous process with hypoactive deep tendon reflexes. It was noted that the patient had a depressed ankle jerk and restricted range of motion of the lumbar spine secondary to pain. A request was made for an additional cervical spine and lumbar spine MRI. The cervical spine MRI was to rule out C5-6 disc pathology. A Request for Authorization form dated 09/18/2014 was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Neck and Upper Back Chapter, Repeat MRI

**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 Chapter, MRI

**Decision rationale:** The requested repeat MRI of the cervical spine is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker underwent a cervical spine MRI on 08/03/2013. The California Medical Treatment Utilization Schedule does not address repeat imaging. The Official Disability Guidelines do not support the use of repeat imaging unless there is a significant change in the injured worker's clinical presentation or evidence of a change in pathology. The clinical documentation submitted for review does not support that the patient has had any progressive radiculopathy to support the need for an additional imaging study. As such, the requested repeat MRI of the cervical spine is not medically necessary.