

<b>Case Number:</b>	CM14-0171868		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/15/1997
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 42 year old female with date of injury 1/15/97. The treating physician report dated 9/4/14 indicates that the patient presents with chronic neck pain with worsening left arm pain, weakness and paresthesia. The physical examination findings reveal severely restricted range of motion (ROM) with cervical flexion 20, extension 20, lateral bending to 30, left rotation 30 and right rotation 40. Reflexes are 2/4 bilaterally, strength is 5-/5 left wrist extension, sensation is diminished left palm and left proximal arm. Prior treatment history includes C5/6 fusion surgery in 1998. The current diagnoses are: 1. Degeneration cervical disc 2. Post-laminectomy syndrome cervical 3. Status post C5/6 Anterior cervical discectomy and fusion (ACDF) The utilization review report dated 10/8/14 denied the request for MRI of neck based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI neck spine without dye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute and Chronic)

**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 patient presents with chronic neck pain and worsening left arm radiculopathy status post-fusion C5/6 in 1998. The current request is for MRI neck spine without dye. The treating physician report dated 9/4/14 states, "An MRI of the cervical spine was ordered as well as plain x-rays of the cervical spine including flexion and extension views." Review of the 8/21/14 treating physician report states, "Recent MRI scans of 2012 demonstrate a herniation at the C4/5 level." The ODG guidelines for cervical MRI supports MRI and for repeat MRI it states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the treating physician states, "She feels the weakness in her left arm is worsened over the last 5 months. She also had an issue with increasing pain and left proximal arm pain for the last 6 months." The treater does not suggest that there has been a significant change indicative of pathology or that any red flags are present. In fact, the treating physician states that the 2012 MRI has already documented a disc herniation at C4/5 and there are no signs of muscle weakness of the C5 nerve root. MRI neck spine without dye is not medically necessary.