

<b>Case Number:</b>	CM14-0172463		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/02/2014
<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 Preventive 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:

According to the records made available for review, this is a 60-year-old male with an 8/9/13 date of injury. At the time (9/17/14) of request for authorization for MRI (cervical spine), there is documentation of subjective (neck and low back pain) and objective (tenderness over bilateral paracervical and trapezius muscle and painful cervical range of motion) findings. The current diagnoses include lumbago and cervicgia. The treatment to date includes physical therapy, lumbar epidural injections, and medications.. Medical report identifies a request for MRI of neck to rule out spinal cord compression, as the patient may have myelopathy. There is no documentation of red flag diagnoses (fracture, tumor, infection, or cervical spine cord compromise) where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction; and preparation for invasive procedure.

### 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 Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

**Decision rationale:** The MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses (fracture, tumor, infection, or cervical spine cord compromise) where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnoses of lumbago and cervicgia. In addition, there is documentation of failure of conservative treatment. However, despite documentation of a request for MRI of neck to rule out spinal cord compression as the patient may have myelopathy, and given documentation of objective (tenderness over bilateral paracervical and trapezius muscle and painful cervical range of motion) findings, there is no documentation of red flag diagnoses (fracture, tumor, infection, or cervical spine cord compromise) where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction; and preparation for invasive procedure. Therefore, based on guidelines and a review of the evidence, the request for MRI (cervical spine) is not medically necessary.