

<b>Case Number:</b>	CM14-0182194		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	11/03/1998
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Family Practice 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:

Female claimant sustained a work injury on 11/3/98 involving the neck. She was diagnosed with cervical spondylosis and underwent surgery with revision that was complicated with pseudoarthrosis. A progress note on 10/8/14 indicated the claimant had tingling in the C8 nerve distribution and restricted range of motion of the neck. A prior computed tomography (CT) scan in May 2014 showed solid cervical arthrodesis from C5-C7, progressive degeneration and no loosening of a C7 pedicle screw. X-rays in August 2014 showed deterioration of the C7-T1 fusion. The physician requested a cervical magnetic resonance imaging (MRI) to evaluate adjacent segments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI of the cervical spine without contrast:** Overturned

**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): 182.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines, a magnetic resonance imaging (MRI) of the cervical spine is

recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. In this case the new C8 nerve findings were consistent to the original MRI request in August 2014. There were no neurological findings in May 2014. Due to a new and acute change in neurological findings, the request for an MRI of the cervical spine is appropriate and medically necessary.