

<b>Case Number:</b>	CM14-0032327		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Pain Medicine, and is licensed to practice in Florida and 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 claimant is a 30-year-old female who suffered a cervical injury on 03/16/09. The claimant presented on 02/10/14 with increased symptoms of pain in the neck, head, shoulder and upper back. She also demonstrated increased numbness, tingling and headaches. A cervical MRI (magnetic resonance imaging) was performed 02/13/14 which revealed a cervical syrinx. It was noted that the syrinx did not change in characteristics since 05/24/10. Although she had brisk reflexes in 2013 as well as on the most recent exam of 02/10/14 the provider was concerned that there was an exacerbation of the claimant's underlying spinal condition, that is myelomalacia. The previous MRI of the cervical spine was denied on 07/31/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REPEAT MRI CERVICAL SPINE WITHOUT CONTRAST:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8: Summary of Recommendation for evaluating and managing neck and upper back complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

**Decision rationale:** This claimant presented with worsening symptoms of upper extremity pain, numbness and tingling associated with headaches and shoulder pain. Although the examination was not markedly worse on 02/10/14 it was reasonable to have the cervical MRI (magnetic resonance imaging) of 02/13/14 performed to ensure that there was not anatomic worsening. In conditions such as these, there can be worsening of the condition without new physical examination changes which could have long term neurological impact. In light of this, the request for repeat MRI cervical spine without contrast is medically necessary.