

<b>Case Number:</b>	CM14-0035300		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/04/2003
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 55 year old female who sustained an injury to his neck on 02/04/03. The mechanism of injury was not documented. The patient continued to complain of neck pain. The injured worker denied any marked numbness and tingling in the legs, but reported pain radiating down his thighs and legs. The injured worker was able to use his upper extremities without significant difficulty and without any evidence of long track signs; there was no gross evidence of a myelopathy in the lower extremities, nor evidence of cauda equina syndrome. The treating physician noted that the injured worker had cervical and lumbar pain of longstanding duration with degenerative disc disease in evidence of neural foraminal spinal stenosis. The treating physician also noted that it had only been three years since MRI of the back and the injured worker felt his symptoms were worsening. The treating physician felt it would be worthwhile to perform another MRI to see if the pain had objectively worsened in the cervical spine or lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open MRI of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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; MRI.

**Decision rationale:** The request for open MRI of the cervical spine is not medically necessary. Clinical information provided did not identify any comorbidity that would prohibit the injured worker from undergoing traditional MRI techniques. There was no indication of morbid obesity, claustrophobia, or extreme anxiety. There were no focal neurological deficits on physical examination. Physical examination did not note any decreased motor strength, increased reflex, or sensory deficits. There was no report of a new acute injury or exacerbation of previous symptoms since the prior study was performed. There was no mention that a surgical intervention had been performed or was anticipated. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified. Given this, the request for open MRI of the cervical spine is not indicated as medically necessary.