

<b>Case Number:</b>	CM14-0035857		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 50 year-old with a date of injury of 07/20/10. A progress report associated with the request for services, dated 12/31/13, identified subjective complaints of neck pain with new arm pain. Objective findings included tenderness to palpation of the cervical spine with decreased range-of-motion. Motor function and reflexes were normal. Diagnostic studies had included an MRI in 2011 as well as on 10/09/12 that showed cervical disc protrusion with foraminal stenosis. Treatment has included physical therapy, a TENS, as well as NSAIDs, anti-seizure agents, and oral analgesics. He had an epidural steroid injection on 02/12/14. A Utilization Review determination was rendered on 03/12/14 recommending non-certification of "MRI Cervical Spine w/o Contrast".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine w/o Contrast:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, MRI.

**Decision rationale:** The Medical Treatment Utilization Schedule ACOEM Guidelines state that for cervical nerve root compression, no diagnostic studies are indicated for 4-6 weeks in the absence of progressive motor weakness. In this case, there is no indication in the record of any of the above abnormalities, particularly new localized neurological findings, or other indications for an MRI and therefore no documented medical necessity for the study. The criteria for ordering special studies such as an MRI are not met and therefore the request is not medically necessary.