

<b>Case Number:</b>	CM14-0037081		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Occupational 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 patient is a 51-year-old male who was injured on 08/10/2010 when he sustained an injury to his cervical spine while working as a truck driver. He attempted to lift a gate when he felt sharp pain in his neck with radiation down his right arm. He has been treated conservatively with physical therapy, epidural injections, chiropractic treatment and acupuncture. Initial evaluation note dated 02/13/2014 indicates the patient complained of neck and right upper extremity pain. On exam, there is tenderness to palpation in the neck paraspinal muscles with pain at extremes of all range of motion. There is evidence of radicular pathology. He has good mobility and muscle function noted. Range of motion of the cervical spine reveals flexion to 50 degrees bilaterally; extension to 60 degrees bilaterally; laterals bending to 45 degrees bilaterally; and rotation to 80 degrees bilaterally. He has 5/5 strength in all muscle planes. He has a diagnosis of cervical disc degeneration at C5, C6, and C7. He has been recommended to undergo magnetic resonance imaging (MRI) of the cervical spine. Prior utilization review dated 02/25/2014 states the request for MRI of the cervical spine is denied due to lack of clinical information provided and medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** 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): 179-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, MRI's.

**Decision rationale:** According to MTUS guidelines, unequivocal findings that identify specific nerve compromise on neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. According to Official Disability Guidelines (ODG), cervical magnetic resonance imaging (MRI) may be indicated for chronic neck pain, progressive or severe radiculopathy, or cervical spine trauma. Repeat cervical MRI should be reserved for patients with a significant change in symptoms or findings suggest of significant pathology. In this case, the patient has had cervical MRI's on 9/28/10 and 11/28/11. There is documentation of significant symptomatic worsening, though few notes are provided for comparison. There are no findings of radiculopathy on examination other than a positive Spurling's maneuver. Computerized tomography (CT scan) of the cervical spine on 2/4/14 did not show nerve compromise or significant neuroforaminal narrowing. The patient is not considering surgery. Medical necessity is not established for repeat cervical MRI.