

<b>Case Number:</b>	CM14-0039224		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 60 year old female who was injured on 07/16/2012. The injury is as a result of repeated bouncing of her bus, together with repeated turning to the right to forcefully adjust her rear view mirror. The worker complains of intermittent pain, numbness and tingling in the right side of her neck that spreads to her right wrist. Also, she has lower back pain, numbness and tingling that spread to her right leg. She has been diagnosed of cervical disc protrusion, cervical radiculopathy, lumbar disc protrusion, lumbar radiculopathy, and idiopathic autonomic neuropathy. She had cervical and Lumbar MRI on 11/21/12. At the recommendation of an agreed Medical evaluator a repeat MRI was done when her neck and lower back pain worsened. These were done on 02/18/2014 and 02/11/2014 respectively. The MRI neck and lumbar showed multilevel disc protrusions, and facet hypertrophy with narrowing of the neural foramen, and nerve root impingement. Nerve conduction studies done on 01/14/2013 revealed bilateral carpal tunnel syndrome. She had failed chiropractic care, and unsuccessful epidural injections under the care of pain management. She is being treated with Methoderm, Hydrocodone/Acetaminophen, and Terocin. Recently, her doctor diagnosed her of Cervical Disc Displacement and requested for repeat cervical MRI but this was denied.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 167, 176-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** A repeat Cervical MRI is not medically necessary. She has had two cervical MRI, the most recent being on 02/18/2014. The medical records reviewed did not show the injured worker has any new development that would be considered a red flag for fracture, tumor, infection, neurological compromise, or any serious thing which would warrant an immediate need for MRI. The MTUS guidelines recommend MRI for the cervical spine in the following circumstances: emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. The request did not provide evidence supporting any of these.