

<b>Case Number:</b>	CM14-0044744		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 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 53-year-old who sustained injury to his neck on September 26, 2012. Mechanism of injury was not documented. MRI of the cervical spine revealed small disc protrusions at C4-5 and C5-6 without nerve root compression or severe spinal stenosis. Treatment to date has included activity modifications, work restrictions, physical therapy, medications and injections. Physical examination noted tenderness to palpation of the lower cervical spine, especially more to the left side paracervical region with spasms; cervical range of motion full; positive Spurling sign left, right negative; muscle strength 5/5 in the bilateral upper extremities; sensation diminished in bilateral C5 and C6 dermatomes; sensation intact in bilateral C7 through T1 dermatomes; gait intact and within normal limits; paresthesias in the bilateral upper extremities, especially in dorsal and radial forearm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI CS w/o contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-online version- Neck-repeat MRI studies.

**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 chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The request for repeat magnetic resonance imaging (MRI) of the cervical spine without contrast is not medically necessary. It was not clear if there were any objective physical findings to support a progression of neurological impairment. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. The request for repeat MRI of the cervical spine without contrast is not medically necessary or appropriate.