

<b>Case Number:</b>	CM14-0049626		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 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:

According to the records made available for review, this is a 47-year-old male with a 5/16/12 date of injury. At the time (4/7/14) of the Decision for MRI scan of cervical spine, there is documentation of subjective (depression and anxiety) and objective (tenderness over the paracervical area and the trapezius muscles, cervical range of motion was decreased) findings. Imaging findings include an MRI of the cervical spine which revealed C4-5 and C5-6 broad-based disc protrusions that abut the thecal sac. There is bilateral neuroforaminal narrowing. There is a C6-7 central focal disc protrusion that abuts the thecal sac. The current diagnoses include cervical spine sprain and strain syndrome, cervical disc syndrome, left upper trapezius myofasciitis, and rule out cervical radiculopathy. Treatment to date includes medication. There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI scan of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Other Medical Treatment

Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

**Decision rationale:** ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. ODG Guidelines identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain and strain syndrome, cervical disc syndrome, left upper trapezius myofasciitis, and rule out cervical radiculopathy. However, there is no documentation of a diagnosis/condition with supportive subjective/objective findings for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.