

<b>Case Number:</b>	CM14-0072020		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/07/2005
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 67-year-old male who was reportedly injured on January 7, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 13, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated a decrease in cervical spine range of motion, tenderness to palpation, and no evidence of subluxation or instability. Sensation was decreased in the C6 distribution. Motor function was described as 5/5, and deep tendon reflexes were equal bilaterally. Diagnostic imaging studies objectified extensive ordinary disease of life degenerative changes at multiple levels. Previous treatment included medications and pain management interventions. A permanent stationary status has been reported. A request was made for a magnetic resonance image of the cervical spine and was not certified in the pre-authorization process on April 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI NECK SPINE W/O DYE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM).

**Decision rationale:** When noting the date of injury, the age of the injured employee, the current physical examination reported and by the parameters outlined in the American College of Occupational and Environmental Medicine guidelines, there is no indication of any acute pain or progressive neurological deficit. As such, there is no medical necessity for a repeat magnetic resonance image of the cervical spine.