

<b>Case Number:</b>	CM14-0073636		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/22/2008
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 63-years-old female with an injury date on 09/22/2008. Based on the 04/30/2014 progress report provided by the requesting provider the diagnoses are degeneration of cervical intervertebral disc; spinal stenosis of lumbar region without neurogenic claudication; lumbosacral spondylosis without myelopathy; long-term use of other medications; and encounter for therapeutic drug monitoring. According to this report, the patient complains of neck, shoulder, low back, hip and knee pain, all on the right side. The patient rated the pain as an 8/10 and higher at times. The patient had an epidural injection in the past "without significant improvement." MRI (magnetic resonance imaging) of the cervical spine on 04/09/2009 reveals C3-C4:2 mm disc protrusion posterior, C5-C6:1 mm disc bulge and C6-7: 3 mm disc bulge posterior to the left with foraminal narrowing bilaterally. The MRI report was not provided in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 05/08/2014. The requesting provider provided treatment reports from 06/28/2013 to 04/30/2014.

### 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 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 4/25/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Imaging--MRI (magnetic resonance imaging).

**Decision rationale:** According to the 04/30/2014 report by the requesting provider this patient presents with neck, shoulder, low back, hip and knee pain, all on the right side. The treater is requesting a repeat MRI of the cervical spine. Regarding repeat MRI's (magnetic resonance imaging), the Official Disability Guidelines (ODG) states that it is "not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Review of the reports from 06/28/2013 to 04/30/2014 shows no change in the patient's pain level. No discussion is provided as to why the patient needs a repeat MRI of cervical spine when there no progression of neurologic deficit and no new injury. In this case, the request for a repeat MRI of the cervical spine is not in accordance with the guidelines. Recommendation is not medically necessary.