

<b>Case Number:</b>	CM14-0074109		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/11/2010
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 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 60-year-old male with a 3/11/10 date of injury. At the time (4/25/14) of request for authorization for MRI of the Cervical Spine, there is documentation of subjective (increased neck and left upper extremity pain with numbness), and objective (positive Spurling's sign on left side, reduced sensation in the left C6 and C7, tenderness over the cervical paraspinals, and decreased range of motion) findings, imaging findings (reported cervical MRI (1/26/12) report revealed C6-7 disc degeneration with mild encroachment on the central canal, mild facet arthropathy, and no focal disc protrusions; report not available for review), current diagnoses (neck pain, cervical degenerative disc disease, and C7 radiculopathy), and treatment to date (medications, acupuncture, and home exercise program). There is no documentation of a diagnosis/condition 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 of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) TWC, Online Edition Chapter: Neck and Upper Back Magnetic resonance imaging(MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

**Decision rationale:** MTUS reference to 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 identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment)), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) 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 neck pain, cervical degenerative disc disease, and C7 radiculopathy. However, despite documentation of subjective (increased neck and left upper extremity pain with numbness) and objective (positive Spurling's sign on left side and reduced sensation in the left C6 and C7 dermatomes) findings, there is no (clear) documentation of diagnosis/condition for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI of the Cervical Spine is not medically necessary.