

<b>Case Number:</b>	CM14-0075803		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/03/2006
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 62-year-old male with a 2/3/06 date of injury, when he fell from an electric cart and injured his cervical spine, arms and legs. The patient was seen on 4/22/14 with complaints of continued 9/10 spinal pain. The patient was continuing MS Contin for his chronic pain. Exam findings revealed the cervical range of motion 20% of expected; hyporeflexia in the upper extremities and no motor deficits in the upper extremities were noted. The patient was using a cane and had antalgic gait on the right. The sensory exam revealed blunting to pin/light touch in the bilateral lower extremities in L5-S1 distribution. The patient stated that he had cervical MRI performed, however he did not have the films with him at that time and he as rescheduled. The diagnosis is cervical stenosis/spondylosis, lumbar disc disease, right knee osteoarthritis and cerebral aneurysm. Treatment to date: physical therapy and medications. An adverse determination was received on 4/30/14 given that there was no evidence of motor or sensory deficits that would suggest the presence of cervical radiculopathy or myelopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Neck & Upper Back Chapter- Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back Chapter-MRI).

**Decision rationale:** CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The progress note dated 4/22/14 stated that the patient had an MRI of the cervical spine done, however he did not bring the films with him for the encounter. It is not clear, why the patient needs another MRI of the cervical spine. In addition, the physical examination performed on 4/22/14 did not indicate any significant changes in the patient's symptoms and there was no evidence of a new significant pathology. Therefore, the request for MRI Cervical Spine was not medically necessary.