

<b>Case Number:</b>	CM14-0076940		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/31/2004
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Texas and Oklahoma. 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 50-year-old female with a reported date of injury on 08/31/2004. The mechanism of injury was due to a fall down descending steps. Her diagnoses were noted to include chronic pain secondary to fall, left wrist pain despite pinning of the scapholunate interval, degenerative disc disease in the cervical and lumbar spine with documented radiculopathy, and chronic myofascial pain throughout the spine. The previous treatments were noted to include medications and exercise. The progress note dated 04/28/2014 revealed the injured worker complained of back pain, neck pain, and jaw pain. The physical examination revealed motor strength was rated 5/5. Most of the progress note was illegible. The request for authorization form dated 04/30/2014 was for an MRI of the cervical spine; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI C/Spine W/O contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 12; section Magnetic Resonance Imaging and Special Studies & Diagnostic & Treatment Considerations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS/ACOEM Guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, Electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider discussion with a consultant regarding next steps, including the selection of an imaging test to define potential cause such as an MRI for neural deficits. The recent evidence indicates cervical disc annular tears may be missed on MRIs. The guidelines state MRIs can be used to identify and define an anatomic defect. There is a lack of clinical documentation to warrant an MRI to the cervical spine. The most recent progress report was mostly illegible. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, MRI Cervical /Spine without contrast are not medically necessary.