

<b>Case Number:</b>	CM14-0078464		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/10/2008
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 11/10/08 while working as a medical assistant when she bent down to put a bag in a drawer and hit her head when standing up. A cervical spine x-ray on 05/08/09 is referenced as showing C5-6 degenerative changes. An MRI of the cervical spine on 06/08/09 showed findings of multilevel disc bulges with a minimal C6-7 disc herniation. She was seen by the requesting provider on 11/12/13 with neck pain radiating into the left arm. Pain was rated at 2/10. Prior treatments had included epidural injections, chiropractic care, physical therapy, and pain medications, all referenced as providing either minimal or temporary pain relief. Physical examination findings included decreased and painful cervical spine range of motion with muscle spasm and tenderness and pain over the cervical facet joints. She was diagnosed with chronic neck pain, left upper extremity radicular symptoms, and myofascial pain. Physical therapy was requested. Lyrica, Butrans, and Neurontin were prescribed. On 01/14/14 pain was rated at 4/10. There had been improvement after nine physical therapy treatment sessions. She was obtaining chiropractic care on her own. Physical examination findings included decreased cervical spine range of motion with pain and muscle spasms. On 04/21/14 pain was rated at 3/10. There had been improvement with continued chiropractic care and acupuncture. Physical examination findings appear unchanged. She was to continue conservative treatments. Work restrictions were continued and she was maintained at temporary total disability. Authorization for cervical and thoracic spine MRI scans were requested "to better visualize her pathology."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of the cervical spine:** 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 Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic neck and left upper extremity pain. Guidelines recommend against a repeat MRI which should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the claimant has already had x-rays of the cervical spine and a cervical spine MRI. There is no new injury or significant change in her condition and no identified "red flags" that would indicate the need for a repeat scan. Therefore, the request for MRI is not medically necessary.