

<b>Case Number:</b>	CM14-0086148		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/06/2002
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 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 53 year-old female with the date of injury of 05/06/2002. The patient presents with neck and right upper extremity pain. The pain radiates down to her right wrist and her right fingers with weakness and numbness. According to [REDACTED] report on 03/20/2014, diagnostic impression is radiculitis secondary to the C6-7 right sided herniation. The patient has history of arthroscopy right shoulder, carpal tunnel right wrist and arthroscopy left knee. [REDACTED] requested for MRI of the cervical spine. The utilization review determination being challenged is dated on 05/20/2014. [REDACTED] is the requesting provider, and he provided two treatment reports on 03/20/2014 and 05/05/2014.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The patient presents with neck pain, radiating down her right extremity/ right elbow/ right index and middle fingers with numbness. The request is for MRI of the cervical spine. [REDACTED] 05/05/2014 report indicates that the patient had a previous MRI which had shown cervical disc herniation, but reports do not show the date. [REDACTED] would like to try MRI of the c-spine before considering cervical spine surgery. MTUS guidelines do not discuss MRI but ACOEM guidelines do not recommend it unless there is an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. In this case, the treated has asked for MRI but his reports state that the patient says the left-sided neck and upper extremity symptoms are unchanged. ACOEM does not support repeat MRIs without new symptoms. Recommendation is that the request is not medically necessary.