

<b>Case Number:</b>	CM14-0090434		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/07/2001
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Family 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:

This 63-year old man was injured on 2/7/01 when a pin rolled off a compressor and struck his head. Treatment to date has included medications and physical therapy. On 3/18/09, a consultation note documented neck and bilateral arm pain, with decreased neck range of motion, positive Spurling's test and decreased sensation in a bilateral C6 distribution. An MRI was ordered and performed 3/31/09. The MRI showed multilevel degenerative disc disease, moderate to marked bilateral neural foraminal stenosis at C3-4, and mild right neural foraminal stenosis at C4-5. The patient is not working, and has not worked for an undetermined period of time. An 11/4/13 progress note from the primary treater documents that the patient's pain is unchanged. Physical findings include spasm, tenderness and limited range of motion of the neck, and positive Spurling's sign (symptoms with Spurling's not documented). Plan includes continued medications and physical therapy for 2-6 weeks. A 2/3/14 progress note from the same provider documents unchanged complaints and findings. Again the plan is continued medications and PT for 2-6 weeks. A 5/5/14 note from the same provider documents increased pain and limitation of range of motion. Exam changes noted include numbness (location not specified), and stiffness (presumably of the neck). Spurling's is again noted as positive, again with undocumented symptoms. The plan includes only a request for authorization of a cervical MRI.

### 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Neck and Upper Back Magnetic Resonance Imaging (MRI)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology Appropriateness Criteria Musculoskeletal, Chronic Neck Pain, Literature Review Magnetic Resonance Imaging

**Decision rationale:** The reference cited above referred to a 10-year longitudinal study by Okada et al which demonstrated that cervical disc degeneration progressed in 85% of patients, and that patients who developed symptoms showed more frequent progression on MRI including anterior compression of disc and spinal cord and foraminal stenosis. Although the clinical documentation in this case is incomplete, it appears possible that the patient's symptoms have worsened and progressed. Five years ago he had bilateral moderate to marked stenosis at C4-5, and it is possible or even likely that the stenosis has progressed, or that disc or spinal cord compression has developed. Based on the above evidence-based reference and the clinical records provided to me, an MRI of the cervical spine IS medically necessary due to the likelihood that the patient's previous MRI findings will have progressed and may require intervention.