

<b>Case Number:</b>	CM14-0190132		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of August 30, 2012. A utilization review determination dated October 13, 2014 recommends denial of a cervical MRI. Denial was recommended due to a lack of documentation of progression or significant change in the patient's condition to warrant a repeat MRI. The note indicates that an MRI was previously performed on November 2, 2012. A progress report dated May 28, 2014 identifies subjective complaints of neck pain which radiates into the upper extremities with tingling to the hands and muscle weakness. Physical examination findings reveal spinal vertebral tenderness at C5-7. The note summarizes a previous cervical spine MRI performed on November 2, 2012 which identifies multilevel disc osteophyte complexes with mild to severe neural foraminal narrowing. Diagnoses include chronic pain, cervical degenerative disc disease, cervical facet arthropathy, cervical radiculopathy, and cervical spinal stenosis. The treatment plan recommends continuing with medications and discontinues acupuncture. A progress report dated August 5, 2014 includes a treatment plan recommending continuing pain management.

### 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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI

**Decision rationale:** Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit or failure of conservative treatment for at least 3 months. Additionally, there is no documentation of changed subjective complaints or objective findings since the time of the most recent cervical MRI. In the absence of such documentation the requested cervical MRI is not medically necessary.