

<b>Case Number:</b>	CM14-0191336		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Pain Management, 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 50-year-old male with a date of injury of 02/20/2014. The listed diagnoses are: 1. Cervical spine sprain/strain. 2. Discogenic pain. According to progress report dated 09/25/2014, the patient presents with continued neck complaints. The patient reports that the pain has improved and rates her current pain as 2/10. Examination of the cervical spine revealed painful and restrictive range of motion. Jamar grip testing demonstrated 42/42/40 on the left, and 40/40/40 on the right. X-ray of the cervical spine dated 06/18/2014 revealed anterior longitudinal ligament ossification at C4-C5, anterior shift, cervical gravity line. Treatment plan included MRI of the cervical spine, lumbar spine, chiropractic treatment, and a urine drug screen. The patient remains off work. This is a request for MRI of the neck. The utilization review denied the request on 10/31/2014. Treatment reports from 04/28/2014 through 09/25/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, 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) chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** This patient presents with continued neck and low back pain. The current request is for MRI neck. Utilization review denied the request stating that "medical records provided for this review failed to document a thorough history and physical findings to establish/suspect neurological diagnosis of structural injury of the spine." ACOEM Guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The ODG Guidelines, under its neck chapter, recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurological signs or symptoms are present. Review of the medical file does not indicate that the patient has had an MRI of the cervical spine. In this case, there are no concerns for tumor, infection, dislocation, myelopathy, or any other red flag conditions. The patient has evidence of some weakness in grip and decreased range of motion, but there are no progressive neurological deficit noted. There are no radicular symptoms described either. The requested MRI of the cervical spine is not medically necessary.