

<b>Case Number:</b>	CM14-0194539		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	10/24/2007
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Practice 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 female sustained injury on 10/24/07. The mechanism of injury is not clear. As of 4/10/14 she complained of neck, back, lower extremity pain and deteriorating vision. On examination the cervical spine demonstrates tenderness on palpation, left greater than right, her range of motion is limited and produces pain. There is a positive cervical foraminal compression test. The lumbar spine range of motion is decreased by 10 degrees with bilateral decreased sensation over L5. The range of motion of the right hip is decreased by 5 degrees. The remaining exam is unremarkable. The diagnoses include cervical and lumbar sprain/strain, bilateral lower extremity radiculopathy and vision complaints. The injured worker was prescribed Norco, muscle relaxant and anti-inflammatory. In addition requests for lumbar MRI, electromyography and nerve conduction studies and ophthalmology consult were requested. Laboratory studies were done on 4/10/14 and 9/11/14 to determine current level of prescription medications. The results were not consistent with prescribed medications. On 10/7/14 lumbar MRI revealed grade 2 anterolisthesis of L5 on S1 with bilateral pars defects and moderate to severe bilateral neural foraminal stenosis at L5-S1. The injured worker is permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

**Decision rationale:** According to guidelines it states in the absence of red flags, imaging and other tests are not needed. According to guidelines there are no red flags and thus not medically necessary.