Case Number:	CM14-0196039		
Date Assigned:	12/04/2014	**Date of Injury:**	11/01/2007
Decision Date:	01/23/2015	**UR Denial Date:**	11/13/2014
Priority:	Standard	**Application Received:**	11/24/2014

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 Ohio. 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 injured worker is a 58-year-old female with a date of injury of November 1, 2007. She sustained injury to her neck and low back when boxes fell upon her. She complains of neck pain radiating to the left shoulder and left upper extremity and low back pain radiating to the left lower extremity. The physical exam reveals diminished cervical range of motion and diminished lumbar range of motion. Spurling's maneuver is negative. There is diminished sensation on the left in the regions of C5, C6 and C8 and on the right at C8. Upper extremity reflexes are normal. There is tenderness to palpation of the left acromioclavicular joint and there is painful and limited range of motion left shoulder. Notes from the treating physician document that x-rays of the cervical spine were normal at the time of injury. The injured worker has had conservative therapy with medications, home exercise program, and temperature modalities. The diagnoses include cervicalgia, cervical spondylosis, cervical intervertebral disc degeneration, lumbar intervertebral disc degeneration, and lumbar radiculopathy. It is unclear from the medical record if the injured worker has previously had a cervical MRI scan. At issue is a request for a cervical MRI scan. The utilization review physician did not certify this on the basis that there has been no recent change in neurologic symptoms and there are no recent x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 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, Magnetic resonance imaging (MRI)

Decision rationale: The Official Disability Guidelines allow for a cervical MRI scan when there is chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this instance, injured worker clearly has had chronic neck pain after 3 months of conservative treatment with neurologic signs present. It is unclear from the medical record if she has ever had a cervical MRI scan. Therefore, it is presumed that this is a first-time request for an MRI scan of the cervical spine. Therefore, MRI without contrast of the cervical spine is medically necessary. The previous utilization reviewer felt that more updated x-rays of the cervical spine would be necessary. However, a careful read of the guidelines shows that the guidelines do not specify what length of time must pass between x-rays and MRI scan.