

<b>Case Number:</b>	CM14-0198399		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 is a 55 year old male patient who sustained a work related injury on 10/22/13. The exact mechanism of injury was not specified in the records provided. The current diagnoses include cervical strain, cervical disc degeneration, lumbar strain, thoracic strain and lumbar disc degeneration. Per the doctor's note dated 10/7/14, patient has complaints of pain in the neck and back with radiation of pain in hands Physical examination of the cervical region revealed muscle spasm, limited and painful range of motion and positive SLR The medication lists include Ibuprofen and Methocarbamol The patient has had cervical spine MRI done in 2013, which demonstrated disc protrusion; X-ray of the cervical spine that revealed disc space narrowing, Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of chiropractic visits for this injury.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Neck (updated 5/30/14) Magnetic resonance imaging (MRI).

**Decision rationale:** Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." CA, MTUS/ACOEM does not address this request for repeat cervical spine MRI. Therefore, ODG guidelines are used. Per ODG low back guidelines cited below, "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)." The patient has had cervical spine MRI done in 2013, which demonstrated disc protrusion; X-ray of the cervical spine that revealed disc space narrowing Diagnostic imaging reports were not specified in the records provided any significant change in the patient's condition since this imaging study that would require a repeat cervical spine MRI was not specified in the records provided. Patient does not have any severe or progressive neurological deficits that are specified in the records provided. The findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. A report of a recent cervical spine plain radiograph was also not specified in the records provided. The patient has received an unspecified number of chiropractic visits for this injury. Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The medical necessity of the request for MRI of the Cervical Spine is not fully established for this patient.