

<b>Case Number:</b>	CM14-0205466		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 39-year-old male who reported injury on 06/04/2014. The mechanism of injury was not specified. His diagnoses included cervicalgia. Past treatments included medication, physical therapy, medial branch blocks, and radiofrequency neurotomy. His pertinent diagnostic studies included an unofficial cervical MRI dated 06/15/2010 revealed bilateral neural foraminal narrowing most significant at the left C3-4. An unofficial cervical spine x-ray revealed mild degenerative changes with impressions at the C7, radiculitis and possible disc herniation. A cervical spine MRI performed on 06/18/2010 indicated an unremarkable MRI with mild degenerative disease present with areas of early uncovertebral degenerative disease; No evidence of herniated disc and no significant canal or foraminal stenosis. On 10/28/2014, the injured worker complained of continued low back pain, indicating it was quite severe in nature with associated numbness down into the right lower extremity culminating in numbness in his right leg and foot. The injured worker also complained of left upper extremity pain culminating in numbness in his left middle and ring fingers. The physical examination revealed the upper extremities did not show above mentioned numbness, but has relatively good strength in his arms. Deep tendon reflexes in the bilateral lower extremities appeared to be normal. The injured worker's relevant medications were not noted on date of exam. The treatment plan included the MRI of the cervical spine as the previous scan in 2010 was now 4 years old. A Request for Authorization form was not submitted for review.

### 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 (ODG)

**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 request for MRI of the cervical spine is not medically necessary. According to the Official Disability Guidelines, repeat MRIs are not routinely recommended and should be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The injured worker was indicated to have chronic low back pain. The injured worker was indicated to have no numbness and good arm strength to the upper extremities, along with normal deep tendon reflexes bilaterally in the lower extremities upon physical examination. In addition, there was lack of documentation indicating significant changes in symptoms and/or findings suggestive of significant pathology. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.