

<b>Case Number:</b>	CM14-0208894		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/28/2004
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Rehab, has a subspecialty in Pain Medicine 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 injured worker had an original date of injury of June 28, 2004. The industrial diagnoses include cervicalgia, cervical degenerative disc disease, cervical radiculopathy, and chronic pain syndrome. The patient has had conservative treatment with physical therapy, cervical epidural steroid injections, stellate ganglion block, and pain medications. Diagnostic workup to date has included an MRI of the cervical spine dated December 16, 2011, which documented degenerative disc disease, and a disc osteophyte complex causing moderate canal narrowing. The disputed issue at the present time is a request for repeat MRI of the cervical spine. The rationale for this request was that the patient's has failed conservative therapy and was potentially a surgical candidate if a correctable lesion can be identified on imaging. A utilization review determination on November 24, 2014 had denied this request, stating that there was no documented evidence of interim injury or nerve dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Magnetic Resonance Imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

**Decision rationale:** In this injured worker, conservative therapies have not proven successful thus far. A treatment plan was outline in a note from 10/2/2014 that specified if the patient did not get enough benefit from cervical epidural steroid injections, that a repeat cervical MRI may be needed. Diagnostic workup to date has included an MRI of the cervical spine dated December 16, 2011, which documented degenerative disc disease, and a disc osteophyte complex causing moderate canal narrowing. The note from 10/2/2014 documents chronic pain both in the axial neck and upper extremity. Although motor strength is intact, there is hypersensitivity on exam in the upper extremity. The rationale for this request was that the patient's has failed conservative therapy and was potentially a surgical candidate if a correctable lesion can be identified on imaging. Therefore, this request is medically necessary.