

<b>Case Number:</b>	CM14-0210760		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	08/27/2007
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old male who reported an injury on 08/27/2007. The mechanism of injury was not specifically stated. The current diagnoses include low back pain, lumbar strain, multilevel lumbar disc protrusions, L3-4 annular tear, cervical pain, cervical sprain and multilevel cervical disc protrusions. On 10/08/2014, the injured worker presented for a follow-up evaluation with complaints of increasing neck and low back pain with associated headaches, twitching and radiating pain. Examination of the cervical spine revealed 60 degree flexion, 50 degree extension, 70 degree rotation, 30 degree lateral flexion, diminished deep tendon reflexes and tenderness over the ligamentum nuchae. Treatment recommendations at that time included authorization for an MRI of the cervical spine to rule out new versus worsening disc injury. A Request for Authorization form was then submitted on 10/10/2014.

### 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 ODG TWC 014 Upper back and neck.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state for most patients presenting with neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fail to improve symptoms. It is noted the injured worker underwent an MRI of the cervical spine in 2007. There was no documentation of a recent attempt at any conservative treatment prior to the request for an updated imaging study. There is no documentation of a progression or worsening of symptoms or physical examination findings. Given the above, the request is not medically appropriate at this time.