

<b>Case Number:</b>	CM14-0211708		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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, Hawaii  
 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 55 year old male patient, who sustained an industrial injury on 10/13/2011. Provided medical records offered an imaging report, performed on 04/22/2014 that revealed a clinical history of three-year complaint of neck pain accompanied with parasthesias into bilateral upper extremities. The patient underwent a magnetic resonance imaging of the cervical spine which showed severe cord compression at C4-5 and C5-6; no signal abnormality. Severe central canal stenosis without cord compression at C6-7 and foraminal stenosis from C4-5 through C6-7. Recommendation for surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical MRI w/o Contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Upper Back MRI.

**Decision rationale:** The patient has ongoing neck pain. The current request is for cervical MRI without contrast. The ODG guidelines for cervical MRI supports MRI and for repeat MRI it states, "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)." Repeat MRI is also recommended when surgical intervention has been recommended and the patient has agreed to proceed with surgery. In this case, the attending physician states, "cervical fusion is recommended. If he has surgery in late March or April, he needs a repeat MRI. A previous MRI showed some cord compression at C4-5, severe central canal stenosis without cord compression at C6-7 and foraminal stenosis C4-5 through C6-7." The clinical picture and the available documentation establishes medical necessity for a repeat MRI as the patient is refractory to conservative care and has elected to move towards surgery. However, the utilization review report indicates that he spoke with the attending physician who is fine with waiting to request the MRI prior to the claimant's surgery, if indeed it will be done, at a future date. As such, recommendation is for denial at this time until a surgical date is established. Therefore, the requested treatment is not medically necessary.