

<b>Case Number:</b>	CM14-0052451		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/06/2007
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 & Rehabilitation, 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 underlying date of injury in this case is 10/06/2007. The date of initial utilization review under appeal is 04/18/2014. On 11/27/2013, the patient was seen in treating physician follow-up regarding left low back pain. The patient reported that he had fallen on his left low back during his injury and had ongoing pain of 8/10. The patient was being treated with Lyrica, Medrox patches, Menthoderm, naproxen, Norco as needed, pantoprazole for gastrointestinal distress, and cyclobenzaprine as needed for spasm. On exam, the patient had full strength in his lower extremities and tenderness over the left sacroiliac joint and negative straight leg raising on the left. The patient was diagnosed with multilevel lumbar degenerative disc disease as well as moderate multilevel lumbar central narrowing, lumbar facet syndrome, left knee meniscus cyst, reactive depression, and left sacroiliac joint dysfunction. The treatment plan included continued Chiropractic Care as well as a Left Knee Injection, Continued Home Exercise, and use of Cyclobenzaprine, Pantoprazole, Quazepam, and increase in his Effexor dosage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Images) of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** ACOEM Guidelines, Chapter 8, Neck, page 182, recommends MRI imaging of the cervical spine to validate diagnoses of a nerve root compromise based on clear history and physical exam findings. The medical records in this case predominantly emphasize low back, lower extremity, and knee symptoms. The patient's symptoms, exam findings, and the proposed clinical rationale for a cervical MRI are not apparent in the medical records. This request is not medically necessary.