

<b>Case Number:</b>	CM15-0107968		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male who sustained an industrial injury on 7-31-13. The injured worker reported pain in the cervical and lumbar spine, left shoulder right elbow and bilateral knees. A review of the medical records indicates that the injured worker is undergoing treatments for right elbow cubital tunnel syndrome, left shoulder sprain strain, left elbow sprain strain. Medical records dated 5-8-15 indicate neck intermittent pain rated at 6 out of 10. Provider documentation dated 5-8-15 noted the work status as remain off work until 5-8-15. Treatment has included electrodiagnostic testing, physical therapy and KeraTek gel. Objective findings dated 5-8-15 were notable for cervical spine with decreased range of motion and bilateral tenderness to palpation, left trapezius muscles with hyper tenderness, positive shoulder depression test, and decreased sensation at the left C5 through C8. The original utilization review (5-26-15) denied a request for MRI of The Cervical Spine as Outpatient. A prior cervical MRI is reported to have been completed on 1/16/15. There is no acknowledgement of this by the requesting physician.

### 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 as outpatient:** 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 Official Disability Guidelines (ODG) Neck and upper back.

**Decision rationale:** MTUS Guidelines do not specifically address the medical necessity or repeat spinal MRI scans. ODG Guidelines address this and do not recommend repeat scans unless there is a substantial change in an individual's condition. A prior MRI scan was completed in Jan. '15 and there is no review or acknowledgement of this by the requesting physician. There is no substantial change reported since the prior MRI was completed. Under these circumstances, the request for the repeat MRI of the cervical spine as outpatient is not supported by Guidelines and is not medically necessary.