

<b>Case Number:</b>	CM15-0018655		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	12/02/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, 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 68-year-old male who reported an injury on 12/02/2014. The mechanism of injury involved heavy lifting. The injured worker is diagnosed with acute pain in the lumbar spine with numbness in the left lower extremity and acute pain in the cervical spine with probable degenerative disc disease. The injured worker presented on 01/19/2015 for a follow-up evaluation. The injured worker reported left lateral neck pain and posterior lumbar pain. There was numbness in the left lower extremity. Upon examination, there was a normal gait. The injured worker utilized a single point cane for balance. Recommendations included completion of physical therapy, an MRI of the lumbar spine, electrodiagnostic studies, and a specialty referral. There was no Request for Authorization form submitted for this review.

### 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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. In this case, there was no documentation of a comprehensive physical examination of the cervical spine or the bilateral upper extremities. There was no evidence of the emergence of any red flags. There was no physiological evidence of tissue insult or neurologic dysfunction. Given the above, the medical necessity has not been established in this case. Therefore, the request is not medically appropriate at this time.