

<b>Case Number:</b>	CM15-0134131		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	02/12/1999
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 female, who sustained an industrial injury on 2/12/1999. The injured worker was diagnosed as having cervical spinal stenosis, cervical degenerative disc disease, neck pain, and right arm pain. Treatment to date has included diagnostics, physical therapy, chiropractic, epidural steroid injections, Botox injections to her thoracic paraspinal muscles, and medications. Currently, the injured worker complains of continued neck pain, mid back pain, and right arm pain. She often dropped objects with her right hand. Her neck pain and right arm pain were present for at least 10 years. She took Zanaflex as needed for pain medication and had a glass of wine at night, which helped her pain. She did strength training three days per week and walked for exercise. Physical exam of the cervical spine noted decreased and painful range of motion, diminished sensation in the right C8 dermatome, and increased sensitivity in the right C5 dermatome. Magnetic resonance imaging of the cervical spine from 2012 was referenced. The treatment plan included an updated magnetic resonance imaging of the cervical spine and upper extremity electromyogram and nerve conduction studies to evaluate her right arm symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One MRI of the cervical spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic); Magnetic Resonance Imaging (MRI).

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

**Decision rationale:** This 50 year old female has complained of neck pain and arm pain since date of injury 2/12/99. She has been treated with physical therapy, medications, epidural steroid injections, botox injections and chiropractic therapy. The current request is for MRI of the cervical spine without contrast. The available medical records do not document any change in patient symptomatology or objective findings since the last imaging study to support obtaining an additional MRI of the cervical spine without contrast. On the basis of the available medical records and per the ACOEM guidelines cited above, MRI of the cervical spine without contrast is not indicated as medically necessary.