

<b>Case Number:</b>	CM15-0164742		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old male, who sustained an industrial injury on December 16, 2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar and lumbosacral disc degeneration, cervical radiculopathy, lumbago, osteoarthritis to the shoulder not otherwise specified, shoulder joint pain, cervical disc degeneration, and neck pain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, use of ice, epidurals, medication regimen, and use of heat. The medical records included magnetic resonance imaging report from September 25, 2012 that was revealing for minimal broad based disc bulge with shallow protrusion at cervical five to six. In a progress note dated July 14, 2015 the treating physician reports continued constant, pressure, burning, aching, nagging, stabbing, and electrical pain to the neck, low back, and knee pain along with numbness to the left arm. The injured worker's pain level was rated an 8 out of 10 without the use of his medication regimen and rates the pain level a 6 out of 10 with the use of her medication regimen. The treating physician requested magnetic resonance imaging of the cervical spine noting that the injured worker has not had a recent magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (cervical spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. Neurological exam was normal. The claimant had an MRI in 2012 which showed disc bulging at C5-C6. The claimant already had an EMG/NCV but records were not provided. The request for an MRI of the cervical spine is not medically necessary.