

<b>Case Number:</b>	CM15-0184052		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	02/15/2000
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 68 year old male, who sustained an industrial injury on 2-15-00. The current diagnosis is cervical spondylosis without myelopathy. His work status is permanent and stationary. A report dated 8-13-15 reveals the injured worker presented with complaints of low back pain and a flare-up of neck pain and stiffness. A physical examination dated 8-13-15 revealed the cervical spine is tender to palpation around the lower facet joints C6-C7 and there is guarded range of motion with no objective radiculopathy. Treatment to date has included medications and right knee injection, as well as a lumbar facet joint injection, which resulted in a good response, per note dated 8-13-15. Diagnostic studies to date have included lumbar spine MRI (2015) and cervical x-ray (normal study). A request for authorization dated 8-31-15 for cervical spine MRI is denied due to lack of documentation regarding failed conservative therapy, suspicion of red flag diagnosis or evidence of significant tissue insult or neurological dysfunction, per Utilization Review letter dated 9-14-15.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back/Magnetic Resonance Imaging.

**Decision rationale:** MTUS Guidelines do not recommend cervical MRI studies unless there is a suspicion of "red flag" conditions and/or progressive or persistent neurological deficits. ODG Guidelines address this issue of repeat MRI studies directly and do not recommend repeat MRI studies unless there is a substantive change in condition. The qualifying standards are not documented to be present in relationship to this request. Although this individual has chronic neck pain there are no objective neurological deficits/changes and no substantive changes in subjective complaints or exam findings. There are no unusual circumstances to justify an exception to Guidelines. At this point in time, the MRI of the cervical spine is not supported by Guidelines and is not medically necessary.