

<b>Case Number:</b>	CM15-0186620		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	07/26/2006
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 68-year-old female who sustained an industrial injury on 7-26-06. The injured worker reported pain in the neck and upper extremity. A review of the medical records indicates that the injured worker is undergoing treatments for cervical disc with radiculitis, degeneration of lumbar disc and shoulder pain. Medical records dated 8-27-15 indicate pain rated at 7 out of 10. Treatment has included Gabapentin since at least March of 2015, Voltaren Topical gel since at least March of 2015, Diclofenac Sodium, stretching, and yoga. Objective findings dated 8-27-15 were notable for C6-C7 dermatomes with diminished sensation to light touch and pinprick. The original utilization review (9-2-15) denied a request for MRI of the cervical spine without contrast.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

**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. The claimant's symptoms were chronic but there was no plan for surgery. The request for an MRI of the cervical spine is not medically necessary.