

<b>Case Number:</b>	CM15-0186893		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	01/03/2000
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/24/2015
<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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 37 year old male, who sustained an industrial-work injury on 1-3-00. A review of the medical records indicates that the injured worker is undergoing treatment for cervical facet syndrome and cervical degenerative disc disease (DDD). Medical records dated (3-16-15 to 8-5-15) indicate that the injured worker complains of chronic neck pain and daily headaches with neck stiffness and spasm. The pain is rated 6-7 out of 10 on pain scale. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 8-5-15 the injured worker has returned to work. The physical exam dated (5-11-15 to 8-5-15) reveals that the range of motion is limited in extension of the cervical spine right and left side bend movements. There is spasm s noted at the cervical thoracic junction. The Spurling's test is severely positive on the left. Treatment to date has included pain medication including Percocet, diagnostics, cervical facet joint injections, and other modalities. Magnetic resonance imaging (MRI) of the cervical spine dated 11-6-12 reveals cervical multi-level degenerative disc disease (DDD), joint hypertrophy, and right greater than left neural foraminal stenosis. The request for authorization date was 8-19-15 and requested service included MRI of the cervical spine. The original Utilization review dated 8-24-15 non-certified the request for MRI of the cervical spine.

### 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 Neck and Upper Back Complaints 2004.

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

**Decision rationale:** According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints pgs 177-178 regarding special studies (MRI), recommendations are made for MRI of cervical or thoracic spine when conservative care has failed over a 3-4 week period. Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid Surgery, Clarification of the anatomy prior to an invasive procedure. In this case the exam notes cited do not demonstrate any deficit neurologically or failed strengthening program prior to the request for MRI. Therefore the request is not medically necessary.