

<b>Case Number:</b>	CM15-0196039		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/21/2006
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 female with an industrial injury dated. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck pain, post cervical fusion, myofascial pain, chronic headache with cervicogenic component, right cervical radiculopathy and reflux associated with medications. According to the progress note dated 08-07-2015, the injured worker presented for persistent neck pain with radiation into the mid back with associated tenderness and headaches into the back of head. The injured worker reported that the headaches last up to 3 day and she averages 3 headaches a month. Pain level was 5 out of 10 on a visual analog scale (VAS). Objective findings (08-07-2015) revealed tenderness to spasms at cervical paraspinal muscles, tenderness to cervical facetal joints, tenderness to right occiput area, tenderness to right shoulder musculature area, and dysesthesia to light touch to C6 dermatome extending into first two fingers. The treating physician reported that the MRI of the cervical spine performed on 08-20-2010 revealed status post C5-6 fusion with associated metallic artifact. There was no obvious significant disc bulge, herniation or scoliosis noted. Treatment has included Magnetic Resonance Imaging (MRI) of cervical spine (08-20- 2010), prescribed medications, and periodic follow up visits. The treatment plan included medication management and updated cervical Magnetic Resonance Imaging (MRI) to evaluate current hardware placement, increase pain and increase headache severity. The treating physician prescribed services for MRI of the cervical spine without contrast. The utilization review dated 09-08-2015, non-certified the 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:** Overturned

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

**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. In this case, the claimant had undergone a fusion and MRI of the spine years ago. There is persistent pain along with dysesthesias. A recommendation was made to see neurosurgery. As a result, the MRI is essential to determine causality and provides information on any need for surgery. The request is medically necessary.