

<b>Case Number:</b>	CM15-0203764		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	02/02/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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(n) 51 year old male, who sustained an industrial injury on 2-2-15. The injured worker was diagnosed as having thoracolumbar scoliosis, thoracolumbar kyphosis, multilevel lumbar and thoracic spondylosis and multilevel lumbar degenerative disc disease. On 4-27-15, the injured worker reported occasional minimal pain in the neck. The treating physician noted decreased cervical range of motion and slight-to-moderate spasms in the paraspinal muscles. Subjective findings (5-28-15, 6-17-15 and 7-6-15) indicated severe pain in the mid to low back. The injured worker rates his pain 10 out of 10. Objective findings (5-28-15, 6-17-15 and 7-6-15) revealed decreased lumbar range of motion and decreased sensation on the left. As of the PR2 dated 8-6-15, the injured worker reports continued low back pain. He has tried to return to work but he has been replaced. There is no physical examination of the cervical spine. Treatment to date has included a cervical MRI on 9-18-15 showing disc desiccation from C2-C3 to C6-C7 with mild disc space narrowing from C3-C4 to C6-C7, physical therapy and a caudal epidural injection on 5-29-15. The Utilization Review dated 10-6-15, non-certified the request for a cervical MRI with no 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 with no contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 section, MRI cervical spine.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult with nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are thoracolumbar scoliosis; thoracolumbar kyphosis; multilevel lumbar and thoracic spondylosis; and multilevel lumbar degenerative disc disease. Date of injury is February 2, 2015. Request for authorization is September 30, 2015. There is a single progress note by the requesting provider (██████████) dated October 13, 2015. The last page with the work status is only part of the progress note in the record. There are no subjective complaints, objective physical findings or assessment in the medical record. There is no clinical indication or rationale for an MRI of the cervical spine in the medical record. The result progress note dated August 6, 2015 by the non-requesting provider that focuses on the low back. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no subjective complaints, objective physical findings or assessment with a clinical indication and rationale for an MRI of the cervical spine, MRI cervical spine is not medically necessary.