

<b>Case Number:</b>	CM15-0026736		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	08/07/1995
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 69 year old male, who sustained an industrial injury on 08/07/1995. He has reported subsequent neck and left arm pain and was diagnosed with cervical facet arthropathy/spondylosis. MRI of the cervical spine on 12/20/2012 showed relative straightening to the expected cervical lordosis, multilevel multifactorial changes most notable at C6-C7, cord flattening and indentation at C3-C5 and neural foraminal stenosis at C3-C4 and on the left at C4-C6. Treatment to date has included oral pain medication, physical therapy and medial branch blocks. In a progress note dated 09/03/2014, the injured worker complained of worsening neck pain that was rated as 4-5/10. There were no abnormal objective physical examination findings documented. The physician noted that the plan was to have an MRI of the neck performed in six months. A request for authorization of MRI of the cervical spine was made. On 02/11/2015, Utilization Review non-certified a request for MRI of the cervical spine between 2/6/2015 and 3/23/2015, noting that there was no evidence of red flags to support the need for repeat MRI. ACOEM guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**1 MRI of the cervical spine (neck) as an outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to MTUS guidelines, MRI of the cervical spine is recommended in case of red flags suggesting cervical spine damage such as tumor, infection, cervical root damage and fracture. There is no documentation of any of these red flags in this case. Therefore the request for MRI of the cervical spine is not medically necessary.