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| <b>Case Number:</b>   | CM15-0027315 |                              |            |
| <b>Date Assigned:</b> | 02/19/2015   | <b>Date of Injury:</b>       | 03/26/2014 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 01/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/13/2015 |

### 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 York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 55 year old male, who sustained an industrial injury on 03/26/2014. He has reported subsequent neck and upper extremity pain and was diagnosed with cervical strain and myelopathy. Treatment to date has included physical therapy. Minimal medical documentation was submitted. In a progress note dated 11/25/2014, the injured worker complained of continued pain, numbness, tingling and weakness of the cervical spine down to the bilateral hands and fingers. Objective physical examination findings were notable for difficulty walking heel to toe and decreased sensation bilaterally at C6-C7. The physician noted that the injured worker had clear myelopathic findings and that MRI of the cervical spine was necessary for rule out cord compression. A request for authorization of MRI of the cervical spine was made. On 01/27/2015, Utilization Review non-certified a request for MRI of the cervical spine without contrast, noting that conservative treatment has not been completed and a definite plan for which the requested imaging study is beneficial was not outlined. MTUS, ACOEM and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** The request in this injured worker with chronic neck pain is for a MRI of the cervical spine. The records document a physical exam with pain with range of motion no red flags or indications for immediate referral or imaging. He has normal 5/5 motor strength on exam of 11/14 and he is tolerating acupuncture and therapy. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically indicated.