

<b>Case Number:</b>	CM15-0027751		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/06/2005
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<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: 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 54 year old male, who sustained an industrial injury on 08/06/2005. He has reported neck pain and low back pain. The diagnoses have included cervicgia; lumbar spine pain; and cervicogenic headaches. Treatment to date has included medications, chiropractic sessions, and physical therapy. Medications have included Naproxen, OxyContin, and Omeprazole. A progress note from the treating provider, dated 12/26/2014, documented a follow-up visit with the injured worker. The injured worker reported continued cervical spine pain, rated at 6-7/10 on the visual analog scale; lumbar spine pain, rated at 8/10 on the visual analog scale; and pain medication allows him to continue with activities of daily living. Objective findings included slight to moderate muscle spasm or tightness upon palpation of paracervical muscles; decreased cervical spine range of motion; tenderness upon palpation of the paralumbar muscles with slight spasm or tightness; and decreased lumbar spine range of motion. Request is being made for an MRI of the Cervical Spine. On 01/20/2015 Utilization Review noncertified a prescription for 1 MRI of the Cervical Spine. The CA MTUS, ACOEM was cited. On 02/10/2015, the injured worker submitted an application for IMR for review of a prescription for 1 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:

**1 MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. 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 and 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 when 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 cervical spine pain with MRI findings of moderate cervical spine stenosis with persistent pain and cervical spine dysfunction; and lumbar spine pain with strain and abnormal MRI; and cervicogenic headaches. The documentation does not contain a neurologic evaluation (according to the December 26, 2014 progress note. MRI of the cervical spine was completed September 21, 2009. MRI results showed mild to moderate central spinal stenosis and bilateral neuroforaminal stenosis and C-3 - C7 level, all of these levels also had small disc bulging slightly exacerbating these changes. At all four levels there is no encroachment on the spinal cord and exiting nerve. Additionally, repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There were no significant changes in symptoms or objective findings. Consequently, absent clinical documentation with significant changes in symptoms and objective clinical findings in contravention of the recommended guidelines regarding repeat MRIs, MRI cervical spine is not medically necessary.