

<b>Case Number:</b>	CM15-0046920		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	11/15/1998
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 48 year old female, who sustained an industrial injury on 11/15/1998. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having sciatica, chronic pain syndrome, lumbar spine degenerative joint disease and degenerative disc disease, status post lumbar spine fusion, and status post cervical spine fusion. Treatment to date has included medication regimen, above listed procedures, physical therapy, use of a heating pad, use of a transcutaneous electrical nerve stimulation unit, epidural steroid injection, cervical spine x-ray, and lumbar spine x-ray. In a progress note dated 02/18/2015 the treating provider reports mild to moderate pain to the lumbosacral region with radiation to the bilateral legs and associated symptoms of paresthesia to the bilateral legs. The treating physician requested magnetic resonance imaging of the cervical spine per recommendations of other treating physician who recommended a request of this magnetic resonance imaging of the cervical spine to evaluate adjacent segment stenosis or residual stenosis at fused levels.

### 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:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, MRI.

**Decision rationale:** The injured employee has had pain since 1998 and has had previous MRIs of the cervical spine. The official disability guidelines indicates the criteria for a repeat MRI include significant changes of the injured employee symptoms or physical examination findings. In a progress note dated 02/18/2015 the treating provider reports mild to moderate pain to the lumbosacral region with radiation to the bilateral legs and associated symptoms of paresthesia to the bilateral legs. The treating physician requested magnetic resonance imaging of the cervical spine per recommendations of other treating physician who recommended a request of this magnetic resonance imaging of the cervical spine to evaluate adjacent segment stenosis or residual stenosis at fused levels. I respectfully disagree with the UR physician regarding the lack of new symptoms, the request is medically necessary.