

<b>Case Number:</b>	CM15-0053115		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	05/09/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52-year-old female who sustained an industrial injury on 5/9/09. The injured worker reported symptoms in the left knee, neck right shoulder and back. The injured worker was diagnosed as having impingement syndrome of shoulder on the right side, internal derangement of the knee on the left, discogenic lumbar condition with multilevel disc disease and chronic pain syndrome. Treatments to date have included hot and cold wraps, status post right shoulder surgery November 2013, cortisone injections, and transcutaneous electrical nerve stimulation unit. Currently, the injured worker complains of pain in the left knee, neck right shoulder and back. The plan of care was for diagnostics and a follow up appointment at a later date. A progress report dated January 2015 identifies objective findings stating "cervical spine: X rate 2 mm articular surface left."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of cervical spine without dye:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

**Decision rationale:** Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit on any recent physical examinations. In the absence of such documentation, the requested cervical MRI is not medically necessary.