

<b>Case Number:</b>	CM15-0054798		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	05/08/2015	<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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old male, who sustained an industrial injury on 3/19/13. He reported initial complaints of low back pain radiating to the left lower extremity. The injured worker was diagnosed as having lumbar spinal stenosis; lumbar herniated nucleus pulposus; spondylosis; spondylolisthesis; degenerative disc disease L4-L5 with spinal stenosis. Treatment to date has included physical therapy; status post L4-S1 transforaminal lumbar interbody fusion (6/17/14). Currently, per the PR-2 notes dated 2/9/15, the injured worker complains of minor back pain but the worst pain is in the neck with some radicular symptoms to arms in the C5 and C8 nerve root distribution. There are no cervical spine diagnostics to date. The provider has requested a MRI of the cervical spine without dye.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-178. Decision based on Non-MTUS Citation ACOEM Chapter 8, 2011, pages 10 and 44.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-178.

**Decision rationale:** The patient presents with low back pain radiating to the left lower extremity. The current request is for MRI of the cervical spine without dye. The treating physician states, in a report dated 02/09/15, "We will submit for authorization for a cervical spine MRI scan because of his neck pain that has very much increased as well as severe radiculopathy, numbness, weakness and pain symptoms in his arms in the C5 and C6 nerve root distribution." (74B) The ACOEM guidelines list the following criteria for imaging studies: 1. Emergence of a red flag. 2. Physiologic evidence of tissue insult or neurologic dysfunction. 3. Failure to progress in a strengthening program intended to avoid surgery. 4. Clarification of anatomy prior to invasive procedure. In this case, the treating physician has failed to document conservative treatment and has not ordered any X-rays of the cervical spine. It should be noted that in the UR Report dated 03/09/15 the treating physician has withdrawn the request for a cervical spine MRI. The current request is not medically necessary and the recommendation is for denial.