

<b>Case Number:</b>	CM15-0088066		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	03/15/2008
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male, who sustained an industrial injury on 3/15/2008. The current diagnoses are cervical disc herniation and cervical neuritis. According to the progress report dated 3/19/2015, the injured worker complains of chronic neck pain. The pain is rated 5/10 on a subjective pain scale. The physical examination of the cervical spine reveals tenderness and paraspinal muscle spasms. There is decreased range of motion, secondary to pain. There is a negative Hoffman sign. There is 1+ brachioradialis, biceps triceps reflex. There is intact sensation to all dermatomes of the upper and lower extremities. There is no clonus. The current medications are Naprosyn, Prilosec, FexMed, Tramadol, and Neurontin. Treatment to date has included medication management. The plan of care includes 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:

**Cervical MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- Magnetic resonance imaging (MRI).

**Decision rationale:** Cervical MRI is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The ODG states that an MRI can be ordered with progressive neurologic deficits and radiographs revealing spondylosis, equivocal or positive findings, or trauma or if the patient has chronic neck pain and the radiographs reveal disc margin destruction. The documentation does not indicate evidence of red flag findings or progressive neurological deficits or objective cervical radiographs. Furthermore the ODG does not recommend a repeat cervical MRI without significant change in symptoms. The documentation indicates that the patient has had a prior cervical MRI but it is unclear what the date of this study was as there are no objective imaging studies for review. For all of these reasons the request for an MRI of the cervical spine is not medically necessary.