

<b>Case Number:</b>	CM14-0003096		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	02/22/2008
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55-year-old male who reported an injury on 02/22/2008 after a pipe burst reportedly causing injury the right hand and back of the injured worker. The injured worker was evaluated on 12/09/2013. It was documented that the injured worker had a restricted cervical spine range of motion secondary to pain with decreased sensation to light touch of the right hand, decreased motor strength rated 4/5 in the bilateral upper extremity. It was noted that the injured worker underwent a computed tomography (CT) scan on 11/2008 that concluded there was a 3 mm disc bulge at the C4-5 causing ventral narrowing of the spinal canal. The injured worker's diagnoses included cervical disc protrusion, cervical degenerative disc disease, cervical stenosis, and cervical radiculopathy. The injured worker's treatment plan at that time included a cervical epidural steroid injection and a referral to an Agreed Medical Evaluation. The injured worker was evaluated again on 01/06/2014. It was documented that the injured worker had undergone a CT myelogram in 10/2013 that demonstrated cervical spondylosis with central canal stenosis most severe at the C5-6. The request was made for a cervical MRI (magnetic resonance imaging). No justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING (MRI) CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Magnetic Resonance Imaging (MRI).

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends imaging studies of the cervical spine when there is documentation of radiculopathy upon physical examination that has failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker has radicular findings as there is diminished sensation in the right upper extremity and decreased motor strength of the right upper extremity. However, the clinical documentation indicates that the injured worker underwent a computed tomography (CT) myelogram in 10/2013. The Official Disability Guidelines (ODG) recommends repeat imaging in the presence of a significant change in the injured worker's clinical presentation to support progressive nerve root involvement or a change in pathology. The clinical documentation submitted for review does not provide any evidence that the injured worker has had a significant change in clinical presentation that would support a change in the injured worker's pathology or progressive neurological deficits. Therefore, the need for an additional imaging study is not supported. As such, the requested magnetic resonance imaging (MRI) of the cervical spine is not medically necessary or appropriate.