

<b>Case Number:</b>	CM14-0114436		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Emergency Medicine 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 51-year-old female who reported an injury on 01/24/2012 due to an altercation with a patient. Her treatment included physical therapy, H wave trial, acupuncture, medication and the use of a brace. On 06/19/2014 the injured worker presented with neck pain and right arm pain. A cervical x-ray performed on 06/19/2014 revealed severe narrowing of the C5-6 intervertebral disc endplate lipping. An MRI dated 07/18/2013 of the cervical spine revealed degenerative changes at C3-4, C4-5, and C6-7 with foraminal stenosis bilaterally at the C5-6 and on the right C6-7. Upon examination there was a positive Spurling's test to the right and fair range of motion to the cervical spine. The biceps tendon reflex was 1+ on the right and 2+ on the left. The grip strength was 10 pounds on the right and 20 pounds on the left. The provider recommended an MRI of the cervical; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, low back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS/ACOEM Guidelines states special studies are not needed unless a 3 to 4 week period of conservative treatment and observation fails to improve symptoms. For most injured workers presenting with true neck and upper back problems, special studies are not needed. The criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of an anatomy prior to an invasive procedure. There is lack of evidence of significant clinical changes, deterioration or new trauma since the prior MRI. The provider's rationale for a repeat MRI was not provided. Additionally, there is lack of evidence of previous measures of treatment the injured worker underwent and the efficacy of those previous treatments. As such, MRI for cervical spine is not medically necessary and appropriate.