

<b>Case Number:</b>	CM14-0133546		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	03/07/2000
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 and Rehabilitation and is licensed to practice in California. 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:

According to the records made available for review, this is a 57-year-old male with a 3/7/00 date of injury. At the time (8/6/14) of the Decision for MRI cervical spine, there is documentation of subjective (stabbing pain in his right scapula and stabbing aching pain in the bilateral upper extremities right greater than left, experiencing pins and needles in the bilateral hands down to the fingers) and objective (sensory was decreased bilaterally at the C6 and the right of the C7 dermatomes) findings, imaging findings (X-rays cervical spine revealed C5-6 disc space narrowing, C3 retrolisthesis, and spondylosis), current diagnoses (cervicocranial syndrome), and treatment to date (medication, facet injections, epidural steroid injections, physical therapy, chiropractic therapy, and acupuncture). There is no documentation of consideration for an invasive procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): page s 181 - 183 MRIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index , 11th Edition (web0, 2014 Neck and Upper Back, MRI; Indications for imaging - MRI (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnoses of cervicocranial syndrome. In addition, there is documentation of plain film radiographs, physiologic evidence (in the form of definitive neurologic findings on physical examination) of tissue insult or neurologic dysfunction, and failure of conservative treatment. However, there is no documentation of consideration for an invasive procedure. Therefore, based on guidelines and a review of the evidence, the request for MRI cervical spine is not medically necessary.