

<b>Case Number:</b>	CM14-0136383		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Nevada. 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 records presented for review indicate that this 67-year-old gentleman was reportedly injured on June 22, 2012. The mechanism of injury is noted as manipulating a cart into an elevator. The most recent progress note, dated August 5, 2014, indicates that there are ongoing complaints of cervical spine pain with spasms. As well as low back pain. The physical examination demonstrated tenderness of the right knee a positive McMurray's test. There was lumbar spine pain with facet loading as well as trigger points and spasms along the trapezius. Diagnostic imaging studies of the lumbar spine revealed degenerative disc disease and spondylolisthesis. An MRI the cervical spine also revealed diffuse degenerative disc disease. An MRI the right knee revealed a degenerative meniscal derangement and a tear of the medial meniscus. Previous treatment includes physical therapy, chiropractic care, lumbar epidural steroid injections, work restriction, and oral medications. A request had been made for an MRI of the cervical spine and was not certified in the pre-authorization process on August 12, 2014.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Low Back Disorders; section on Magnetic Resonance Imaging

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically cited).

**Decision rationale:** The ACOEM Practice Guidelines support repeating an MRI of the cervical spine for significant or new radicular or myelopathy symptoms if both the patient and surgeon are considering prompt surgical treatment and the previous MRI is more than 6 months old. According to the attached medical record the injured employee has had a previous cervical spine MRI on March 22, 2013. The recent progress notes do not indicate that there are any significant changes on cervical spine examination that would warrant a new study. As such, this request for a repeat MRI the cervical spine is not medically necessary.