

<b>Case Number:</b>	CM14-0143640		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/29/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Occupational Medicine 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:

This case involves a 54-year old female patient with a date of injury on 5/29/2010. The mechanism of injury occurred when she slipped and fell on a wet mat, hitting the back of her head and subsequently losing consciousness. In a progress noted dated 8/13/2014, the patient complained of neck, right knee, right shoulder, and left knee pain. Objective findings include a single point cane seems functionally safe, light touch to sensation at right mid-anterior thigh, right mid-lateral calf, and right lateral ankle. The diagnostic impression showed cervical spine strain and sprain. Treatment to date includes medication management, behavioral modification, chiropractic therapy, and surgery. The cervical MRI (2013) revealed degenerative disc protrusions. A UR decision dated 8/13/2014 denied the request for MRI of the cervical spine. The rationale provided regarding the denial was that there was no documented indication for such an extensive use of repeated MRI scans coupled with EMG/NCS of all four extremities. There was no documentation regarding any review of symptoms, examination findings, prior diagnostic testing, or assessment for changes of the clinical course since 2010.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI

**Decision rationale:** CA MTUS supports imaging studies with red flag conditions: physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, the cervical MRI in 2013 mentioned in the UR decision dated 8/13/2014 could not be located in the documentation provided. Furthermore, in the 8/13/2014 progress report, there were no examination findings or discussion regarding clinical changes that would justify a repeat MRI of the cervical spine. No detailed symptoms are discussed in the cervical area, and no prior imaging studies were documented. Therefore, the request for MRI of the cervical spine was not medically necessary.