

<b>Case Number:</b>	CM14-0146546		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/31/2009
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 New York and North Carolina. 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 patient is a 53-year-old woman with chronic neck pain after living a heavy package. She has current complaints of neck pain, left arm radicular pain and left shoulder pain. She also has a kyphosis of the neck. She has frozen shoulder, early OA and possible rotator cuff tear. She has been treated with a functional restoration program, which included PT, but it wasn't clearly beneficial to the patient. She has been treated with Norco, Flexeril, Anaprox, topical analgesics, Klonopin and Protonix. She had prior MRIs in 2010 and 2013. She sought evaluation of cervical spine and was found to have decreased range of motion (ROM), worsening complaints of pain, and weakness. X-rays obtained 7/30/14 showed C2 on C3 anterolisthesis (2 mm), multilevel DDD with disc space narrowing C4-5 through C6-7 with anterior osteophyte formation. No acute fracture or prevertebral soft tissue swelling was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI of the cervical spine without contrast:** Overturned

**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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Magnetic resonance imaging MRI

**Decision rationale:** Per ODG, repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). ODG has listed indications for imaging: one is chronic neck pain; radiographs show spondylosis, neurologic signs or symptoms present. Because of her worsening neurologic complaints, repeat MRI is warranted. There is no evidence showing neurologic stability. Based on the information available, the MRI appears to be medically necessary for her ongoing management of neurologic complaints, including progressive weakness.