

<b>Case Number:</b>	CM14-0153576		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/30/2001
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Family Medicine and is licensed to practice in New Jersey and New York. 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 64 year-old male who was injured on 4/30/01 at his place of employment by unknown mechanism. He complains of pain of his back, legs, knees, neck, arms, and hands. He complained of numbness and tingling of left hand and had history of carpal tunnel of his right hand. On exam, he has lumbar tenderness, positive straight leg raise, decreased strength in both legs, decreased sensation along right L5 nerve root, equal reflexes, right shoulder tenderness with decreased range of motion, limited range of motion of his neck, and tender cervical paraspinal muscles on right with spasms. He had normal motor strength and sensations of his upper extremities. He was diagnosed with lumbago, myalgia, generalized pain, and cervical, limb, knee, and shoulder pain, His treatment included physical therapy and medications such as Neurontin, Norco, Ambien, Lidoderm patch, and Klonopin. The current request is for MRI of the cervical spine.

### 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 without contrast:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): p177-178.

**Decision rationale:** The request for a cervical spine MRI is medically unnecessary. According to MTUS guidelines, the criteria for ordering a cervical MRI include development of red flags, physiologic evidence of tissue insult or neurologic dysfunction, which the patient does not have according to records. Patient does not have any documented upper extremity neurological deficits requiring the use of an MRI. MRI carries the risk of false positives such as bulging discs which may not be the source of the pain. Therefore, the request is considered not medically necessary.