

<b>Case Number:</b>	CM14-0161775		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	11/05/1997
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 & 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:

The injured worker is a 66 year old female who reported an injury on 11/05/1997 when a blanket warmer upper door fell off and struck her in the head and neck. The injured worker was diagnosed with cervical fusion and radiculopathy. The injured worker was treated with medications and hot and cold treatments were prescribed. She had an x-ray of the cervical spine on 07/22/2014 which revealed degenerative joint disease on the anterior aspect of C3, C4 and C5. The injured worker had C5-C6 fusion in 2001 and C6-C7 fusion 2004. On 08/19/2014, during her examination, the injured worker stated that she had progressive neck pain with radiation to the bilateral upper extremities and both of her hands had numbness. On physical examination, the injured worker had diminished perception of light touch in the left forearm and the left deltoid reflex was absent. The physician noted an impression of cervical spondylosis and cervical radiculopathy. The treatment plan was to have x-rays and a MRI. A request was received for MRI cervical spine without contrast. The rationale was to evaluate the cervical spine for radiculopathy. The Request for Authorization Form was submitted on 08/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/14)

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

**Decision rationale:** The Official Disability Guidelines stated that repeat MRI's are not recommended unless a significant change in symptoms or findings of significant pathology. The injured worker had a history of cervical fusion to C5-C6 and C6-C7. Additionally, stated that pain radiated from her neck to her bilateral upper extremities and hands but does not state when the pain started. The injured worker had tried conservative treatment but fail to relieve pain. The physical examination findings stated that left deltoid reflex was absent and that the injured worker had a diminished perception of light touch, there was not clinical documentation provided from previous visits to compare the diminished sensation. In the absence of documentation showing evidence of red flags, a significant change in clinical presentation, or progressive neurological deficits, the request for an MRI of the cervical spine is not supported by the guidelines. Therefore, the request for MRI cervical spine without contrast is not medically necessary.