

<b>Case Number:</b>	CM14-0163423		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 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:

Injured worker has an injury date of 6/3/2013. Injured worker slipped and fell while at work hitting his head, left buttocks and back. When he tried to get up his back immediately locked. Neck pain came later that evening. Magnetic resonance imaging (MRI) of the cervical spine shows spondylosis at C3-C4, C4-C5, C5-C6 and C6-C7 with central canal stenosis. Diagnosis include: Cervical sprain/strain, cervical stenosis, lumbar sprain/strain, and lumbar stenosis. Injured worker received physical therapy and chiropractic therapy. Injured worker takes Meloxicam and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Spine Magnetic Resonance Imaging (MRI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** According to guidelines Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy

prior to an invasive procedure. Based on the injured worker's medical records there is no indication for repeat magnetic resonance imaging (MRI) of the cervical spine. Therefore, the request for Cervical Spine Magnetic Resonance Imaging (MRI) is not medically necessary.