

<b>Case Number:</b>	CM14-0165380		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	08/15/2010
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in California and Nevada. 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 65-year-old male who reported an injury on 08/15/2010. The mechanism of injury was reportedly assault. The injured worker's diagnoses included cephalgia and cervical spine herniated nucleus pulposus. The injured worker's past treatment has included medications. The injured worker's diagnostic studies include an official MRI of his cervical spine on unknown date, report not provided. The injured worker's surgical history was not provided. On the clinical note dated 07/25/2014, the injured worker complained of pain to his neck and left shoulder. The injured worker had improvement in regards to pain and stiffness. He rated his pain at 3/10 with medications and 4-6/10 without medications. The injured worker had tenderness over the left paraspinal muscles upon palpation and decreased range of motion with lateral flexion. The injured worker's medications included Tramadol 50mg every 8 hours as needed, Naproxen Sodium 550mg twice per day, and Omeprazole 20mg daily. The treatment plan was for MRI of the cervical spine; the rationale was not provided. The Request for Authorization was submitted for review on 08/29/2014.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for MRI of the cervical spine is not medically necessary. The injured worker's diagnoses included cephalgia and cervical spine herniated nucleus pulposus. The California MTUS/ ACOEM guidelines recommend MRI when there is emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure is needed. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures. Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. There is a lack of documentation which demonstrates that conservative care has failed to provide relief. The medical records lack indication of a significant change in symptoms or findings which would indicate significant pathology. There is a lack of documentation of significant findings of neurologic deficit upon physical examination. As such, the request for MRI of the cervical spine is not medically necessary.