

<b>Case Number:</b>	CM14-0183037		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Physical Medicine and 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:

This patient sustained an injury on 5/5/11 while employed by [REDACTED]. Request under consideration includes Outpatient MRI of the cervical spine. Diagnoses include leg joint pain/ osteoarthritis/ status post (s/p) left knee arthroscopic surgery with partial medial/lateral meniscectomies on 3/20/13; lumbago s/p right L5-S1 microdiscectomy on 7/17/14; cervicgia. Conservative care has included medications, therapy, LESI, left knee injections, and modified activities/rest. Reports of 10/12/11, 7/24/13, and 4/28/14 from the provider noted ongoing chronic pain in the neck with associated weakness, numbness, and tingling in bilateral upper and lower extremities with exam finding of reduced left C6-7 dermatomes. Recent repeated cervical MRI dated 8/14/13 showed "no adverse interval change from prior study dated 5/16/11" which showed 3mm disc osteophyte complex at C5-6, C6-7 abuts cord with minimal narrowing. Report of 9/17/14 from the provider noted patient with chronic ongoing neck pain radiating to bilateral upper extremities. Exam showed decreased hand grips and reduced sensation at right S1 distribution; otherwise with normal motor strength. The request for Outpatient MRI of the cervical spine was non-certified on 10/2/14 citing guidelines criteria and lack of medical necessity.

### 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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-171, 177-179.

**Decision rationale:** Symptoms and clinical findings have remained unchanged for this 2011 injury without new acute trauma, red-flag conditions, documented failed conservative trial, or flare-up of chronic symptoms and diagnoses already established to support for an updated imaging study. Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. However, review of submitted medical reports, including report from providers, have not adequately demonstrated the indication for repeating the MRI of the cervical spine nor identify any specific acute change or progressive deterioration in clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. MRI of the cervical spine is not medically necessary and appropriate.