

<b>Case Number:</b>	CM14-0090710		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/25/2005
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 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 48-year-old gentleman who was reportedly injured on February 25, 2005. The mechanism of injury is lifting a box weighing approximately 70 pounds. The most recent progress note dated April 24, 2014, indicates that there are ongoing complaints of neck pain and low back pain. The physical examination demonstrated no tenderness over the cervical spine paraspinal muscles or muscle spasms. There was slightly decreased cervical spine range of motion and a normal upper extremity neurological examination. The examination of the lumbar spine noted tenderness of the paraspinal muscles and muscle spasms on the right side. There was a positive right-sided straight leg raise test at 60. Decreased sensation was noted on the right at the L5 and S1 dermatomal distributions. Diagnostic imaging studies of the lumbar spine revealed a disc protrusion at L5 - S1. Previous treatment is unknown. A request was made for an magnetic resonance image the cervical spine and was non-certified in the pre-authorization process on May 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguides.org/cervicalandthoracicspine>; table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically sited).

**Decision rationale:** According to the most recent progress note dated April 24, 2014, the injured worker has a normal neurological examination of the upper extremities. Considering this, it is unclear why a magnetic resonance image the cervical spine is recommended. This request for a magnetic resonance image the cervical spine is not medically necessary.