

<b>Case Number:</b>	CM15-0110706		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	07/13/2009
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Internal Medicine

### 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 43 year old male, who sustained an industrial injury on July 13, 2009. The injured worker was diagnosed as having headaches, cervical disc displacement and chronic neck pain. Treatment to date has included magnetic resonance imaging (MRI), Botox and medication. A progress note dated May 18, 2015 provides the injured worker complains of neck pain. Physical exam notes cervical paraspinal tenderness. The plan includes magnetic resonance imaging (MRI), Nortriptyline and follow-up.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. Magnetic resonance imaging MRI cervical spine date 8/16/12 documented that the cervical cord was normal. Intervertebral disc height was normal. There were small asymmetric left uncovertebral osteophytes noted C3 to C6 producing only minimal foraminal narrowing. The facet joints were normal. The conclusion was unremarkable cervical MRI aside from mild uncovertebral degenerative changes without central stenosis or neuroforaminal stenosis. The neurology progress report dated 5/21/15 documented a normal neurologic physical examination. No neurological deficit was documented. The medical necessity of a repeat cervical spine MRI was not established. Therefore, the request for a repeat MRI of the cervical spine is not medically necessary.