

<b>Case Number:</b>	CM15-0126501		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	10/14/2008
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on 10/14/08. He has reported initial complaints of neck and low back injuries. The diagnoses have included status post hardware removal, lumbar degenerative disc disease (DDD), and chronic low back pain lumbar Herniated Nucleus Pulposus (HNP) with annular tear, history of previous lumbar fusion and cervical disc bulge. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and prolonged rest. Currently, as per the physician progress note dated 4/28/15, the injured worker complains of low back pain and neck pain. The low back pain is rated 6/10 on pain scale and the neck has muscle spasms. The physical exam reveals lumbar spasm, healed surgical incision, lumbar pain on the right side and straight leg raise to 90 degrees bilaterally. The cervical spine exam reveals restricted range of motion, tenderness to palpation at the facet joints, and pain with axial compression. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine dated 5/8/15 and Magnetic Resonance Imaging (MRI) of the lumbar spine dated 5/9/15. The current medications included Norco and Neurontin. The physician requested treatment included Repeat cervical spine Magnetic Resonance Imaging (MRI) due to worsening pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat cervical spine MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter.

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

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: 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. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for a MRI of the cervical spine and the request is not certified.