

<b>Case Number:</b>	CM15-0129334		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45 year old male, who sustained an industrial injury on 11/27/12. He reported injury to his thoracic spine after a helicopter accident. The injured worker was diagnosed as having cervicgia, neuralgia and knee pain. Treatment to date has included a T7 fracture repair in February 2014, a rhizotomy at left C5 in June 2014 and physical therapy. As of the PR2 dated 6/2/15, the injured worker reports continued chronic neck pain. Objective findings include a hot burning sensation with lateral rotation and tender focal points in bilateral extension and in the left C7 region. The treating physician requested a cervical MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical 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), Cervical - MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The claimant sustained a work-related injury in November 2012 and continues to be treated for neck, back, and left knee pain. An MRI of the cervical spine in August 2013 showed multilevel disc degeneration with foraminal narrowing and facet arthropathy. When seen, there was neck pain radiating to the upper left shoulder. There was tenderness. The claimant's BMI was over 25. Guidelines recommend against a repeat cervical spine MRI which should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the claimant has already had a cervical spine MRI. There is no new injury or significant change in her condition and no identified red flags or neurological examination findings that would indicate the need for a repeat scan. Therefore the request is not medically necessary.