

<b>Case Number:</b>	CM15-0062441		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	09/01/1998
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: 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 58 year old male, who sustained an industrial injury on 09/01/1998. The initial complaints or symptoms included back pain with radiating pain into the lower extremities. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, CT scans, x-rays, conservative therapies, epidural steroid injections, and thoracic surgery. Currently, the injured worker complains of progressive numbness to bilateral legs and hands with the right side worse than the left, neck pain, and back pain. The diagnoses include chronic back pain, radiculopathy, and cervical radiculopathy. The treatment plan consisted of MRI of the cervical spine without contrast, continued medications with increase in gabapentin, 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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-7.

**Decision rationale:** Regarding the request for cervical MRI, CA MTUS and ACOEM support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flags, neurologic deficit suggestive of cervical radiculopathy, or failure of any recent conservative treatment directed toward the cervical spine. In the absence of such documentation, the requested cervical MRI is not medically necessary.