

<b>Case Number:</b>	CM15-0067640		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	09/16/2009
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Emergency 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 56-year-old male with an industrial injury dated 09/16/2009. His diagnosis includes chronic pain syndrome, cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, lumbago, Cervicalgia, displacement of cervical intervertebral disc without myelopathy, generalized osteoarthritis and carpal tunnel syndrome. Prior treatment included diagnostics to include MRI, physical therapy, TENS, massage therapy and medications. He presents on 03/18/2015 with pain in low back and pain in right side of neck radiating to right upper extremity. Pain is rated as 10/10 being the worst, 5/10 being the least with usual pain rated as 5/10. Physical exam revealed sub-occipital/occipital tenderness present bilaterally. There was tenderness in the cervical region. Right upper extremity showed diminished sensation to touch and pinprick with some weakness in grip strength. Treatment plan included diagnostic medial branch blocks, nerve conduction studies, education of disease process. The provider requested MRI of the cervical spine "in view of radicular symptoms."

### 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 cite any medical evidence for its decision.

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

**Decision rationale:** As per ACOEM guidelines, indications for neck imaging include red flag findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. There is documentation of prior conservative care. Patient's neck pain and radicular findings are all old and has been present in documentation noted from 11/2014. Despite claim, radicular symptoms and neurologic deficits are unchanged from prior documentation. Patient has long-standing neck pain issues. There is a reported prior MRI of the cervical spine that was done but date of test; findings and the official report were not provided for review. Provider reportedly wants to perform injections but has not provided imaging report to determine validity of plan. Patient had reported improvement in neck pain from 11/14 after physical therapy and has not failed any conservative modalities. MRI of cervical spine is not medically necessary.