

<b>Case Number:</b>	CM15-0097653		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: New York

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 45 year old female who reported an industrial injury on 5/11/2009. Her diagnoses, and/or impressions, are noted to include: cervical disc disorder; low back syndrome lumbago, lumbar disc protrusion & lumbalgia; sciatica right lower extremity; lumbar intervertebral disc displacement without myelopathy; internal derangement of the left knee; and bilateral carpal tunnel syndrome. No current imaging studies are noted. Her treatments have included diagnostic testing; medication management; and rest from work. The new patient progress notes of 4/10/2015 reported moderate constant, bilateral sacroiliac, bilateral lumbar, right pelvic, right buttock, right posterior leg/knee/shin/ankle, left anterior wrist/hand, and bilateral cervical pain, improved with rest, topical compound and pain medication, and aggravated by activities. Also reported were dizziness, anxiety, stress and insomnia. The objective findings included palpable tenderness to the areas of complaints; and decreased cervical and lumbar spine, and left knee range-of-motion with positive assessment findings. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the cervical spine as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical MRI.

**Decision rationale:** According to CA MTUS/ACOEM guidelines, a cervical MRI is indicated if unequivocal findings identify specific nerve compromise on the neurologic examination, in patients who do not respond to conservative treatment, and who would consider surgical intervention. Cervical MRI is the mainstay in the evaluation of myelopathy. Per ODG, MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case the only positive finding is a positive Spurling's maneuver. There is no documentation of previous studies or interventions. There is no specific indication for the requested cervical MRI. Medical necessity for the requested service is not established. The requested service is not medically necessary.