

<b>Case Number:</b>	CM15-0099798		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	11/08/2000
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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 69 year old male who sustained an industrial injury on 11/8/00. The injured worker was diagnosed as having cervical and parascapular myofascial pain with trigger points, cervical spondylosis at C5-6 and C6-7, status post L4-5 posterior fusion and laminectomy with lumbar spondylosis and residual L5 radicular symptoms. Currently, the injured worker was with complaints of pain in the neck and lower back Previous treatments included trigger point injections, home exercise program, aquatic therapy, medication management, . Previous diagnostic studies included a magnetic resonance imaging. The plan of care was for a cervical magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back Procedure Summary Online Version last updated 11/18/14.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

**Decision rationale:** The claimant sustained a work injury in November 2000 and continues to be treated for neck and low back pain. When seen, he was having increasing neck pain. He was not having radiating upper extremity symptoms. Physical examination findings included decreased and painful cervical spine range of motion. Spurling's testing was negative for radiculopathy. There was diffuse muscle tenderness. There was a normal neurological examination. The claimant has previously had an MRI of the cervical spine. Guidelines recommend against a repeat 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, there is no new injury. There is a normal neurological examination and no identified red flags that would indicate the need for a repeat scan. The request is not medically necessary.