

<b>Case Number:</b>	CM13-0000719		
<b>Date Assigned:</b>	09/16/2013	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	06/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 61-year-old female with a 3/1/13 date of injury. At the time (5/31/13) of request for authorization for MRI of the cervical spine, there is documentation of subjective (neck pain) and objective (tenderness over cervical spine with decreased range of motion) findings, current diagnoses (neck sprain and head injury), and treatment to date (chiropractic treatments and medications). There is no documentation of red flag diagnoses (fracture, tumor, infection, or cervical spine cord compromise) where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, or diagnosis of nerve root compromise, based on clear history and physical examination findings; and preparation for invasive procedure.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Cervical and Thoracic Spine Disorders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 260-262.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses (fracture, tumor, infection, or cervical spine cord compromise) where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnoses of neck sprain and head injury. In addition, there is documentation of failure of conservative treatment. However, despite documentation of a diagnosis of head injury and objective (tenderness over cervical spine with decreased range of motion) findings, there is no (clear) documentation of red flag diagnoses (fracture, tumor, infection, or cervical spine cord compromise) where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, or diagnosis of nerve root compromise, based on clear history and physical examination findings. In addition, there is no documentation of preparation for invasive procedure. Therefore, based on guidelines and a review of the evidence, the request for MRI of the Cervical Spine is not medically necessary.