

<b>Case Number:</b>	CM13-0029842		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New Hampshire, New York and Washington. 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 physician 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:

The patient is a 30-year-old man with multiple complaints including neck and back pain. The date of injury is August 13, 2012. The injury occurred secondary to accumulative trauma. At issue in this case is whether or not a cervical MRI is medically necessary. The medical records do not provide an adequate and current description of the symptoms. There is no description of precipitate in relating of lengths quality radiation severity and timing and location of pain. Examination documented in the provided medical records does not provide sufficient detailed information about the patient's physical exam. Reflexes, upper extremities strength testing, sensory testing, and Spurling status evaluation were not commented on in the medical records. The patient experienced another injury in April 2012 that caused him neck pain and back pain radiating to his lower extremities. He also reports another injury in April 2013 at Cosco store when he was setting up a demonstration. In May of 2013 he reports falling off a chart and injuring his neck, his back and his feet. Physical examination of the cervical spine documented showing some tenderness to palpation of the cervical musculature. Axial compression test and Spurling's test did not exhibit radicular pain. Cervical range of motion showed 42 of flexion, 50 of extension, 60 of right rotation, and 50 of left rotation. No neurologic deficit is documented in the arms or legs. Gross sensory motor and reflex testing is intact in the bilateral upper lower extremities and the patient is noted to have a normal gait. Radiographs of the lumbar spine were reported as normal. At issue is whether or not a cervical MRI is necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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.

**Decision rationale:** The patient has chronic axial neck pain. The medical records do not document any evidence of neurologic deficit or cervical radiculopathy. There is no evidence of myelopathy. There is no documented evidence of concern for cervical spine instability, fracture, or concern for tumor. There are also no red flag indicators present for cervical MRI imaging at this time. The medical records do not adequately document the completion of conservative measures for the treatment of axial neck pain. Specifically, there is no mention of an adequate trial of physical therapy or chiropractic care for the treatment of axial neck pain. Established criteria for cervical spine MRI imaging are not met this time. Therefore, an MRI of the cervical spine is not medically necessary at this time.