

<b>Case Number:</b>	CM13-0029989		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/19/2013
<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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Oklahoma and Texas. 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.

### 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 34-year-old female who reported an injury on 07/21/2013 after a slip and fall in a freezer. The patient was initially treated with physical therapy for the cervical spine and with non-steroidal anti-inflammatory drugs. The patient's most recent physical findings included cervical pain described as 2/10. The patient had a normal neurological exam, and normal cervical range of motion. The patient's diagnoses included a cervical strain. The patient's treatment plan included continued physical therapy, an MRI, and return to work without restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) on cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The Physician Reviewer's decision rationale: The requested magnetic resonance imaging (MRI) cervical is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies when there is evidence of nerve root compromise. The clinical documentation does not provide any

evidence that the patient has any neurological deficits. Additionally, it is noted that the patient is having a good response to physical therapy. The patient's pain level has been decreased to a 2/10 to 3/10. Additionally, the patient has been returned to work without restrictions. As the patient's condition is not considered progressive in a negative direction, an MRI would not be indicated. As such, the requested magnetic resonance imaging (MRI) cervical is not medically necessary or appropriate.