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| <b>Case Number:</b>   | CM13-0036542 |                              |            |
| <b>Date Assigned:</b> | 12/13/2013   | <b>Date of Injury:</b>       | 01/11/2012 |
| <b>Decision Date:</b> | 05/21/2014   | <b>UR Denial Date:</b>       | 09/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/21/2013 |

### 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 Physical Medicine and Rehabilitation 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 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:

The injured worker is a 51-year-old female who reported an injury on 01/11/2012. The mechanism of injury was not stated. Current diagnoses include sprain and strain of the left wrist, decreased range of motion of the left thumb, musculoligamentous strain of the lumbar spine, compression contusion to the left knee, and compression contusion of the left ankle. The injured worker was evaluated on 07/02/2013. The injured worker reported dull to sharp pain in the lower back and neck. Physical examination revealed tenderness to palpation of the neck and lower back with decreased range of motion. Treatment recommendations included an MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), NECK AND UPPER BACK COMPLAINTS. IN. HARRIS J (ED), OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION (2004) , 177-179

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state, if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause. There was no documentation of a significant musculoskeletal or neurological deficit with regard to the cervical spine. There was also no mention of an attempt at conservative treatment prior to the request for an imaging study. Therefore, the request is not medically necessary and appropriate.