

<b>Case Number:</b>	CM13-0040304		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck pain reportedly associated with an industrial injury of September 10, 2013. Thus far, the applicant has been treated with analgesic medications, several weeks off of work, initial visit to the emergency department, unspecified amounts of physical therapy, CT scanning of the cervical spine without contrast of September 11, 2013, notable for a small corner fracture of the C3 vertebral body, CT scanning of the head of September 11, 2013, read as negative for any acute intracranial hemorrhage. In a utilization review report of October 15, 2013, the claims administrator denied a request for MRI imaging of the cervical spine. The applicant subsequently appealed. The claims administrator apparently predicated his denial on poor or an adequate supporting documentation. In an emergency department note of September 16, 2013, the applicant was in fact given a diagnosis of C3 chip fracture and post concussion syndrome. A clinical progress note of October 1, 2013 is highly templated, somewhat difficult to follow, notable for comments that the applicant reports 9/10 neck pain. The applicant is requesting handicap placard, it appears. The applicant exhibits cervical paraspinal tenderness with intact upper extremity sensorium and no frank weakness. The applicant is placed off of work and asked to obtain expedited referrals to an orthopedist and a neurologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127,181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** While the California MTUS Guideline in Chapter 8, Table 8-8, page 182 does endorse MRI and/or CT imaging to help establish a diagnosis of fracture, tumor, cancer, and/or infection when such issues are suspected, in this case, however, the applicant has already had earlier CT scanning of the cervical spine in the emergency department setting, which did definitively establish the diagnosis of small C3 vertebral fracture. MRI imaging is superfluous as the diagnosis has already been definitively established on the strength of earlier CT scan imaging. Therefore, the request remains not medically necessary, on Independent Medical Review.