

<b>Case Number:</b>	CM13-0040518		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Expedited	<b>Application Received:</b>	10/29/2013

### 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 and Rehabilitation 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 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:

This 52 year-old male sustained an injury on 1/23/13 while employed by the [REDACTED]. Request under consideration include an URGENT MRI of cervical spine. Conservative care has included medications, home exercise, and chiropractic visits which have been helpful. Report dated 10/1/13 from [REDACTED] noted the patient still having pain along the neck, right shoulder, right dorsal forearm and along the right middle finger. Pain level is 3-4/10. Current medication includes an unspecified topical muscle rub. Exam showed decreased right C7 dermatomal distribution; positive Spurling's test on the right; 4/5 strength with right elbow extension. Diagnoses include contusion of knee; neck sprain; shoulder and upper arm sprains and strains, unspecified; wrist sprain unspecified; cervical disc disease. She had chiro which has been helpful. Request for urgent MRI of the cervical spine was non-certified on 10/3/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT MRI of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 177-179.

**Decision rationale:** This 52 year-old male sustained an injury on 1/23/13 while employed by the [REDACTED]. Conservative care has included medications, home exercise, and chiropractic visits which have been helpful. Report dated 10/1/13 from [REDACTED] noted the patient still having pain along the neck, right shoulder, right dorsal forearm and along the right middle finger. Pain level is 3-4/10. Current medication includes an unspecified topical muscle rub. Exam showed decreased right C7 dermatomal distribution; positive Spurling's test on the right; 4/5 strength with right elbow extension. Diagnoses include contusion of knee; neck sprain; shoulder and upper arm sprains and strains, unspecified; wrist sprain unspecified; cervical disc disease. She had chiro which has been helpful. The patient has no radicular symptom complaints and exam is without red-flag findings or progressive neurological compromise to support imaging request. Pain level is described as 3-4/10 with conservative treatments including chiropractic care described as helpful. Criteria for ordering imaging studies include Emergence of a red flag; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The URGENT MRI of cervical spine is not medically necessary and appropriate.