

<b>Case Number:</b>	CM13-0044612		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/22/2010
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 & Rehabilitation and is licensed to practice in New York 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 patient is a 50-year-old female who reported injury on 12/22/2010. The mechanism of injury was stated to be a slip and fall. The patient was noted to have subjective complaints of persistent neck pain and headaches. Objectively, the patient was noted to have thoracic pain with radiation to the left scapula and a comp skull positive test. The diagnoses were noted to include cervical sprain/strain and cervical facet syndrome. The request was made for 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:

#### **MAGNETIC RESONANCE IMAGING (MRI) OF CERVICAL SPINE:** Upheld

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

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

**Decision rationale:** ACOEM Guidelines indicate the criteria for ordering imaging studies includes the emergence of red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. Additionally, it indicates that physiologic

evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The clinical documentation submitted for review indicated the patient had a comp skull test that was positive. However, there was lack of dermatomal and myotomal findings to support the patient had physiologic evidence of tissue insult or neurologic dysfunction. Given the above, the request for an MRI of the cervical spine is not medically necessary.