

<b>Case Number:</b>	CM13-0044837		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Orthopedic Surgery 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:

The patient is a 32-year-old female who reported injury on 9/28/11. The mechanism of injury was stated to be that the patient was standing at the nursing station charting on a patient when the charge nurse told her to go and help an adult male patient with dementia. The patient indicated that the male patient she was helping was holding onto the side rails and having difficulty walking and as the patient went to help the male patient, he pushed her away and they both started to fall and he grabbed both of the patient's shoulders and they fell to the floor. The patient was noted to have a magnetic resonance imaging (MRI) of the cervical spine on 12/14/11. The most recent documentation submitted for review is dated 7/15/13 that revealed the patient had pain at C1 to C2 on the right along with neuralgia and numbness at C5 to C6 bilaterally, positive standard deviation (SD) bilaterally, positive EC bilaterally, positive Soto-Hall, positive cervical distribution and positive trigger points on the right 2/4. The diagnosis was noted to include the cervical/cervical acceleration-deceleration (CADS) injury and cervicothoracic subluxation. The treatment plan was noted to include 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:

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 181-183.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, MRI section, which is not part of the MTUS.

**Decision rationale:** Official Disability Guidelines do not recommend a repeat MRI routinely and indicate that the diagnostic procedure should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. In this patient's case, the medical records submitted for review failed to provide documentation indicating the patient has had a significant change in symptoms and/or findings suggestive of a significant pathology. Given the above, the request for a MRI scan of the cervical spine is not medically necessary. The request for a MRI scan of the cervical spine is not medically necessary and appropriate