

<b>Case Number:</b>	CM13-0048320		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Internal Medicine, has a subspecialty in Cardiology, and is licensed to practice in 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 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 46-year-old who reported an injury on 03/01/2013 due to cumulative trauma while performing normal job duties. The patient reportedly injured her neck, left upper extremity and lumbar spine. The patient was conservatively treated with physical therapy, chiropractic care, and acupuncture. The patient's physical examination revealed tenderness to palpation over the left upper trapezia and levator scapulae musculature without evidence of muscle spasms and range of motion restricted due to pain. It was also noted that the patient had decreased sensation in the left hand in all digits. Examination of the lumbar spine revealed painful range of motion, tenderness to palpation over the lumbosacral paravertebral musculature. The patient's diagnoses included a cervical spine sprain/strain, left shoulder sprain/strain, left shoulder acromioclavicular joint arthropathy, and a lumbosacral sprain/strain. The patient's treatment plan included a cervical MRI of the lumbar spine and 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): 178.

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

**Decision rationale:** The clinical documentation submitted for review does provide evidence that the patient has failed to respond to conservative treatments. American College of Occupational and Environmental Medicine recommend imaging studies in the presence of red flag conditions or physiological evidence of tissue insult or neurological dysfunction. The clinical documentation submitted for review does not provide any evidence that the patient has any neurological deficits that would warrant an imaging study. Additionally, there was no documentation that the patient is a surgical candidate at this time. Therefore, the need for an MRI of the cervical spine is not indicated. The request for an MRI of the cervical spine is not medically necessary or appropriate,