

<b>Case Number:</b>	CM13-0052985		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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:

This is a 47 year old female who has reported neck and upper extremity symptoms after an injury on 09/16/13. Her diagnosis is sprain/strain of the neck and sprain/strain of the shoulder. She has seen her primary treating physician from 9/18/13 to 10/23/13. Treatment has included NSAIDs, modified work, and physical therapy. The reports show gradual improvement. On 10/23/13, the treating physician stated that the injured worker was improved with mild pain at 2/10, numbness of the left thumb, and benefit from medications. The physical examination was notable for regional tenderness and non-specific weakness of 4/5. The MRI was prescribed out of concern for a herniated nucleus pulposus, and an orthopedic referral was prescribed due to lack of improvement with conservative care. As of 12/4/13, the injured worker felt much better, was discharged, and was returned to usual work activity. On 11/5/13, Utilization Review not medically necessary a cervical MRI and an orthopedic referral, noting the acute nature of the injury, the lack of objective neurological deficits, the lack of failed conservative treatment, and the MTUS recommendations. This Utilization Review decision was appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL MRI:** 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): 177-178.

**Decision rationale:** Per the MTUS citation above, imaging studies are recommended for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions and she was improving with conservative care. At the time of the requested MRI, pain was mild and the treating physician did not document any specific evidence of neurological deficits. The MRI is not medically necessary based on the lack of indications as discussed in the MTUS.

**ORTHOPEDIC EVALUATION/TREATMENT:** 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): 179.

**Decision rationale:** At the time that this referral was requested, the injured worker was improving, had only mild pain, and had no indications for surgery. The MTUS citation above recommends surgical referral during the first three months after injury only if there is evidence of severe pathology, severe symptoms with concordant imaging findings, and failed conservative care. As this injured worker had no clear evidence of a surgical lesion, and was improving with conservative care, the referral is not medically necessary.