

<b>Case Number:</b>	CM13-0056627		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 male with a 6/21/13 date of injury secondary to repetitive use of hands. The patient was seen on 10/31/13 with complaints of worsening neck pain without radiation. Exam findings revealed trapezius tenderness and spasm with restricted cervical range of motion. Sensation and motor strength was noted to be intact. The diagnosis is cervical radiculopathy. Treatment to date: chiropractic therapy, medications, PTAn adverse determination was received on 11/6/13 given there was no documentation of positive neurologic findings consistent with nerve compromise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back Chapter-MRI).

**Decision rationale:** CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening

program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The patient is complaining of worsening neck pain but there are no focal neurologic findings on exam correlating to any cervical nerve root impingement. In addition, there is a lack of documentation with regard to plain films. Therefore, the request for an MRI of the C spine was not medically necessary.