

<b>Case Number:</b>	CM13-0069651		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 and Rehabilitation, 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 61 year-old male material processor sustained an injury when a ceiling tile struck him on the head on October 7, 2013 while employed by [REDACTED]. Request under consideration include MRI OF THE CERVICAL SPINE. Report of November 19, 2013 from the provider noted the patient has constant right aching neck and upper back pain. Symptoms were aggravated by any movement and relieved by pain medication. Exam showed tenderness of the right cervical paraspinals, right suboccipital region, upper trapezius/levator scapula and right rhomboids; decreased cervical range of motion; and positive Spurling's on right. The patient has completed 3 physical therapy sessions. X-rays in office showed stenosis and DJD. Treatment included additional 6 physical therapy sessions. Request for MRI of the cervical spine was non-certified on December 2, 2013, citing guidelines criteria and lack of medical necessity.

### 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): 165,177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 177-179.

**Decision rationale:** This 61 year-old material processor sustained an injury when a ceiling tile struck him on the head on October 7, 2013 while employed by [REDACTED]. Request under consideration include MRI of the cervical spine. Report of November 19, 2013 from the provider noted the patient has constant right aching neck and upper back pain. Symptoms were aggravated by any movement and relieved by pain medication. Exam showed tenderness of the right cervical paraspinals, right suboccipital region, upper trapezius/levator scapula and right rhomboids; decreased cervical range of motion; and positive Spurling's on right. The patient has completed three physical therapy sessions. X-rays in office showed stenosis and DJD (degenerative joint disease). Treatment included additional six physical therapy sessions. Submitted reports have not shown any clinical findings of radiculopathy or neurological deficits consistent with any dermatomal distribution of radiculopathy or myelopathy. According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms are persistent; however, none are demonstrated here. Clinical report does not demonstrate such criteria or failed conservative treatment trial; without clear specific evidence to support the diagnostic study. The request for an MRI of the cervical spine is not medically necessary or appropriate.