

<b>Case Number:</b>	CM13-0070690		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 37 year-old female sustained an injury on 10/23/12 while employed by [REDACTED]. Request under consideration include CERVICAL MRI WITHOUT CONTRAST. Report of 11/14/13 from the provider noted patient with complaints of constant neck pain described as sharp, burning, and stabbing radiating to her upper extremities with associated numbness and tingling rated at 7/10 and 8-9/10 at its worse. Exam showed tenderness to palpation of the cervical spine, paraspinal muscles, both trapezii, both scapular regions; positive SLR. Diagnosis was lumbosacral neuritis. Treatment plan included lumbar x-ray, cervical xray, cervical MRI, NCS/EMG of bilateral upper extremities. The request for cervical MRI was non-certified on 12/17/13 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:

**CERVICAL MRI WITHOUT CONTRAST:** 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.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include Emergence of a red flag; 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical exam findings to support this imaging study as the patient has no demonstrated neurological deficits in terms of motor strength, DTRs, and sensation throughout bilateral upper extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Cervical MRI Without Contrast is not medically necessary and appropriate.