

<b>Case Number:</b>	CM14-0002802		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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:

The patient is a 45-year-old male who has submitted a claim for cervical strain, lumbar herniated disc, and bilateral groin pain associated with an industrial injury date of August 5, 2013. Medical records from 2013 were reviewed, which showed that the patient complained of pain in the bilateral groin area, back, and cervical spine, going down to his right arm. On physical examination, there was decreased range of motion of the cervical spine. There was increasing pain both with compression and distraction. There was also tenderness of the cervical-thoracic junction. Treatment to date has included medications, lumbar support, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MAGNETIC RESONANCE IMAGING (MRI) OF CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 8, 177-178

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** According to pages 179-180 of the ACOEM Practice Guidelines referenced by the California MTUS, imaging studies are supported for red flag conditions, physiologic

evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, and clarification of the anatomy prior to an invasive procedure. In this case, the medical records failed to show evidence of red flags or neurologic dysfunction. In addition, there was no discussion regarding failure of a strengthening program or future plans for an invasive procedure that may warrant anatomy clarification. As such, the request is not medically necessary.