

<b>Case Number:</b>	CM14-0004576		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/06/2001
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 53 year old female who reported an injury on 03/06/2001 of unknown mechanism. On the clinical note dated 09/30/2013, the injured worker was in for follow up and complained of neuropathy pain in her feet due to her diabetes with a burning sensation in her back after she takes her medications. Her pain level was reported at 8/10 without medication and 3-4/10 with medications. This clinical note mainly addressed pain management. There was no documentation of range of motion or functional status to be reviewed. The treatment plan was to try a trial spinal cord stimulator, obtain a magnetic resonance imaging (MRI) and lab values. On the clinical note dated 12/11/2013, the injured worker was in for follow up and stated she was having neck pain, shoulder pain and bad headaches. The injured worker stated that the pain medications were working for her. Upon the physical examination, it was noted that she had significant muscle spasm and tenderness and pain in the trapezius, levator scapula, rhomboids, and supraspinatus. The treatment plan included refill of medications, continuation of exercise and return to work in one month. The form for authorization was not submitted.

### 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.

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

**Decision rationale:** The Expert Reviewer's decision rationale: The request for magnetic resonance imaging (MRI) of the cervical spine is non-certified. The American College of Occupational and Environmental Medicine (ACOEM) guidelines state that an MRI is recommended if physiologic evidence indicates tissue insult or nerve impairment. The clinical notes on 09/30/2013 and 12/11/2013 did not show documentation of neurological deficits or tissue insult. Therefore, the request for magnetic resonance imaging (MRI) is not medically necessary.