

<b>Case Number:</b>	CM14-0005097		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Geriatrics, has a subspecialty in Family Practice and is licensed to practice in New York. 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 62 year old woman with a date of injury of 11/6/13. She was seen by her primary treating physician on 12/8/13 complaining of neck pain, left arm pain and bilateral knee pain. Her neck pain was localized and did not radiate into her arms. She had no bowel or bladder symptoms and no signs of myelopathy. It was burning and sharp and radiated to her left shoulder. Her exam showed moderate tenderness to palpation over the paraspinal muscles and limited range of motion due to pain. She had a negative Spurling's test and sensation was intact with 2+ and symmetric reflexes. Her fingers were warm and pulses palpable with a negative Hoffman. Her diagnoses were neck, shoulder and knee pain. She had been treated with (NSAIDs) non-steroidal anti-inflammatory drugs, muscle relaxants and narcotics as well as physical therapy. A cervical MRI was requested which is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI CERVICAL W/O CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CERVICAL & THORACIC SPINE DISORDERS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NECK AND UPPER BACK COMPLAINTS Page(s): 165-193.

**Decision rationale:** The request in this injured worker with neck pain is for a MRI of the cervical spine. The records document a physical exam with pain with range of motion but no red flags or indications for immediate referral or imaging. Her exam is normal. Neck and Upper Back Complaints ACOEM Practice Guidelines states a MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically necessary.