

<b>Case Number:</b>	CM14-0005563		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 female who sustained an injury to her neck on 10/22/13. The mechanism of injury was not documented. The injured worker reported a flare-up of neck pain associated with physical therapy that was severe and persistent. Medications include hydrocodone and acetaminophen were not effective in relieving the injured worker's chronic neck pain. Physical examination noted normal gait; range of motion in the cervical spine was abnormal; sensation normal; Deep Tendon Reflexes (DTRs) in the bilateral upper extremities normal; painful end points with range motion; tenderness palpation of paracervical musculature over C6-7; motor strength in the bilateral upper extremities intact. The injured worker history of left facial droop and a brain tumor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Magnetic Resonance Imaging (MRI).

**Decision rationale:** The request for MRI of the cervical spine is not medically necessary. There was no mention that a surgical intervention was anticipated. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication of decreased motor strength, increased reflexes or sensory deficits. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no other significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the cervical spine has not been established.