

<b>Case Number:</b>	CM14-0106425		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Family 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 injured worker is a 47 year old male who sustained an injury to his neck on 11/05/13 after being involved in a motor vehicle accident. The clinical note dated 05/15/14 reported that the injured worker complained of posterior neck pain and bilateral upper extremity dorsal arm aching with interscapular pain, as well as low back pain. Physical examination noted deep tendon reflexes in the bilateral upper extremities 2+ throughout; sensation normal; cervical spine palpation of the spinous processes normally aligned and non-tender to palpation; no defect noted in the interspinous ligament; tenderness to palpation of the paracervical, levator scapulae, medial trapezius, and periscapular muscles; positive levator scapulae and trapezius muscle spasm detected; no evidence of torticollis or crepitation; range of motion flexion 40 degrees, extension 20 degrees, right lateral bending 20 degrees, left lateral bending 15 degrees, right rotation 60 degrees, left rotation 65 degrees; Spurling's sign positive for neck pain radiating to the levator scapulae/trapezius muscles. It was noted that cervical spine x-rays were negative for fracture, dislocation, subluxation, or disc space loss. The injured worker was diagnosed with posterior neck pain, intermittent mild/bilateral upper extremity dorsal forearm aching and interscapular pain. The injured worker was recommended MRI of the cervical spine.

### 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 Page(s): 177-179.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** The request for MRI of the cervical spine is not medically necessary. The previous request was denied on the basis that medications, surgical history, and other therapies were not submitted. The documentation submitted for review did not show evidence of neurological dysfunction or failure of conservative care to include physical therapy. The injured worker did not have decreased sensation, muscle weakness, or abnormal deep tendon reflexes to the bilateral upper extremities on physical examination. Also, the documentation did not show the injured worker was to undergo an invasive procedure. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified. Given this, the request for MRI of the cervical spine is not indicated as medically necessary.