

<b>Case Number:</b>	CM14-0106677		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 41 year-old individual was reportedly injured on 11/1/2010. The mechanism of injury is noted as a repetitive stress injury. The most recent progress note, dated 6/16/2014, indicates that there are ongoing complaints of neck pain, bilateral upper extremity pain, low back pain, and bilateral lower extremity pain. The physical examination demonstrated cervical spine: flexion 45, extension 49, left rotation 72, right rotation 76, left lateral flexion 38, right lateral flexion 35, all active ranges of motion cause mild-moderate pain. Motor and sensory exam of the bilateral upper extremities is unremarkable. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for MRI of the cervical spine and was not certified in the pre-authorization process on 6/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical Spine, MRI

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI.

**Decision rationale:** ACOEM practice guidelines support an MRI of the cervical and/or thoracic spine in certain patients with acute and sub-acute red flag conditions, radicular pain syndromes lasting 4 to 6 weeks that are not improving with conservative treatment; however, an MRI is not recommended for evaluation of patients with non-specific cervical or thoracic pain, unless there is a concern of neoplasm, infection or other neurological illnesses. The claimant complains of neck and mid back pain after a work-related injury. Review of the available medical records fail to document any criteria that would require an MRI of the spine. As such, this request is not considered medically necessary.