

<b>Case Number:</b>	CM14-0010309		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Internal 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 patient is a 65-year-old male who has submitted a claim for history of chronic recurrent cervical strain superimposed upon cervical degenerative disc disease, possible cervical disc herniation and/or stenosis with persistence of neck pain and left radicular arm pain and trace neurological deficit associated with an industrial injury date of September 5, 2013. Medical records from 2013 were reviewed, which showed that the patient complained of moderate pain on his head, neck, left shoulder, and arm. Symptoms were aggravated by bending, stooping, twisting, or any attempts of squatting and kneeling. On physical examination, cervicothoracic posture was normal. There was no evidence of deformity. Paraspinous muscle tone was normal. Tenderness was noted in the left cervical area. Guarding was reported with neck motion. No sensorimotor deficits were noted. Cervical spine x-ray dated December 17, 2013 revealed slight-to-moderate mid cervical degenerative changes with a slight kyphosis on flexion-extension. Treatment to date has included medications and physical therapy. In a utilization review from January 6, 2014 denied the request for MRI of the cervical spine because guideline criteria were not met.

### 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): 182.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** According to pages 179-180 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging studies are supported for red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program; and clarification of the anatomy prior to an invasive procedure. In this case, recent cervical spine radiograph did not support red flag conditions. The records also did not show evidence of neurologic dysfunction. There was also no discussion regarding failure to progress in a strengthening program or a need for anatomy clarification for a planned invasive procedure. The criteria were not met. Therefore, the request for MRI of the cervical spine is not medically necessary.