

<b>Case Number:</b>	CM14-0016199		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Occupational 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 an employee of [REDACTED] and has submitted a claim for neck sprain/strain associated with an industrial injury on July 30, 2013. Treatment to date includes oral analgesics and physical therapy. Utilization review dated January 31, 2014 denied request for MRI of the cervical spine and thoracic spine because the neurologic examination was unremarkable. MRI findings would be highly unlikely to alter treatment protocol. Medical records from November 2013 to February 2014 were reviewed and showed constant neck pain aggravated by shoulder activities, pushing and pulling. Examination of the cervical spine revealed normal range of motion and neurologic examination. The patient takes Tramadol and Medrol Dosepak for pain. MRI of the cervical spine done on February 3, 2014 did not show evidence of canal stenosis or neural foraminal narrowing. Additionally, according to the UR denial of 2/13/14 there was no indication of severe trauma to the thoracic spine, and there are no specific physical findings noted to indicate thoracic pathology.

### 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): 177-178.

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

**Decision rationale:** The MTUS/ACOEM guidelines supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, the latest progress report did not show physical findings to corroborate any neurological compromise that would support this procedure. Therefore, the request for MRI of the cervical spine and thoracic spine are not medically necessary and appropriate.