

<b>Case Number:</b>	CM14-0119614		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This case involves a 39 year old female with date of injury of 4/1/2014. A review of the medical records indicated that the patient is undergoing treatment for cervicalgia and neck sprain, and bilateral wrist pain. Subjective complaints include continued neck pain. Objective findings include reduced range of motion in the cervical spine; pain upon palpation of the paravertebrals; positive Hawkins-Kennedy test; and decreased range of motion of bilateral wrists. Treatment has included Flexeril, Ibuprofen, Polar Frost, TENS unit, hot/cold packs, and physical therapy. The utilization review dated 7/3/2014 non-certified 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:

#### **1 Single positional MRI of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI)

**Decision rationale:** ACOEM states "Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a

strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure". Official Disability Guidelines (ODG) states that, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging.... Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; chronic neck pain, radiographs show bone or disc margin destruction; suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; known cervical spine trauma: equivocal or positive plain films with neurological deficit; and upper back/thoracic spine trauma with neurological deficit". The treating physician has not provided evidence of red flags to meet the criteria above. As such the request for MRI of the cervical spine is not medically necessary.