

<b>Case Number:</b>	CM14-0121242		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 40 year old who had a work injury dated 11/10/10. The pertinent diagnoses include cervical sprain, cervical disc, and brachial neuritis. Under consideration are requests for an MRI of the cervical spine without contrast. Prior treatment includes medication management, physical therapy and chiropractic therapy. There is a 6/16/14 document that states that the patient complains of multiple joint pains including dull cervical spine pain with bilateral shoulder and wrist pain. On exam pertinent cervical exam findings include Jamar testing was decreased on the left more than the right. There was decreased cervical range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine w/o 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 (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** An MRI of the cervical spine without contrast is not medically necessary per the MTUS Guidelines. The guidelines state that the 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; clarification of the anatomy prior to an invasive procedure. The documentation does not reveal a red flag issue or progressive neurologic issue. It is unclear if the patient has had prior cervical x-rays, MRIs or how this would change the medical management. The request for cervical MRI is not medically necessary.