

<b>Case Number:</b>	CM14-0122337		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 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 injured worker is a 57-year-old male who reported an injury on 05/10/2012. The mechanism of injury was not provided for clinical review. The diagnoses included chronic myofascial pain syndrome and thoracic myofascial pain primarily involving the scapular musculature. Previous treatments included physical therapy and medication. Diagnostic testing included an MRI. Within the clinical note dated 06/09/2014, it was reported the injured worker complained of pain in the neck primarily in the lower cervical region. He reported the pain traveled bilaterally over the trapezius muscles left worse than right. Upon physical examination, the provider noted the cervical spine revealed flattened cervical lordosis. The range of motion was full in flexion without any pain. Extension was restricted at 30%. The provider noted palpation over the scapular musculature revealed mild muscle hypertonicity left more than right. The injured worker had tenderness over the inferior angle of the scapula. The provider requested for an MRI of the cervical spine to diagnose any underlying spinal pathology. The request for authorization was provided and submitted on 06/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Scan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS/ACOEM Guidelines note that criteria for ordering imaging studies include emergence of red flags, physiological 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. There is a lack of documentation indicating the injured worker tried and failed at least 4 to 6 weeks of conservative therapy. There is a significant lack of neurological deficit such as decreased sensation or mild motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.