

<b>Case Number:</b>	CM14-0135433		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	06/21/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Texas. 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:

Medical records reflect the claimant is a 30 year old male who sustained a work injury on 6-21-14. On this date, the claimant was struck in the back of the head with a metal stud. The claimant has a diagnosis of cervical strain. The claimant is currently treated with medications. Office visit on 7-21-14 notes the claimant is feeling better. He has neck pain, paravertebral tenderness of the cervical spine, slow range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast cervical spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and thoracic spine disorders - diagnostic investigations - MRI

**Decision rationale:** MRI is recommended for patients with: -Acute cervical pain with progressive neurologic deficit; -Significant trauma with no improvement in significantly painful or debilitating symptoms; -A history of neoplasia (cancer); -Multiple neurological abnormalities

that span more than one neurological root level -Previous neck surgery with increasing neurologic symptoms; -Fever with severe cervical pain; or -Symptoms or signs of myelopathy. There is an absence in objective documentation noting that this claimant has neurological deficits. There is an absence in documentation noting findings that follow a particular nerve distribution, strength deficits, and DTR deficits. Therefore, the medical necessity of this request is not established.