

<b>Case Number:</b>	CM14-0147515		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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:

This 54 year-old patient sustained an injury on 2/28/14 while employed by [REDACTED]. Request(s) under consideration include MRI without contrast, of the cervical spine quantity: 1. Diagnoses include cervical strain and lumbar strain. Reports from the provider noted the patient with chronic ongoing low back and neck pain radiating to the right arm and right leg without any associated numbness or tingling. Exam showed straightening lumbar lordosis with tenderness of lumbar paraspinal muscles; decreased range; normal neurological findings of lower extremities except for decreased sensation over proximal anterior thigh; no cervical exam documented. Latest report of 8/22/14 noted mid back pain related to activities rated at 9/10; neck pain "does not radiate into the upper extremities; There are no paresthesias of the arms." Conservative care has included medications, therapy, TENS care, ergonomic evaluation pending, and modified activities/rest. It was noted neck symptoms have slightly improved with pain intermittent and non-radiating. Exam showed symmetrical reflexes; tenderness on palpation of right paracervical muscles and right trapezius; restricted cervical range; "neurological exam of the upper extremities is significant for possibly mildly diminished strength on the right side." The request(s) for MRI without contrast, of the cervical spine quantity: 1 was non-certified on 9/3/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast of the cervical spine quantity: 1:** 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 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints Page(s): 171, 177-179.

**Decision rationale:** The patient is without cervical radicular complaints, physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Criteria for ordering imaging studies include 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 not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study as the patient with nonspecific mildly possible weakness on the right (no grading or muscle specified) upper extremity. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI without contrast, of the cervical spine quantity: 1 is not medically necessary and appropriate.