

<b>Case Number:</b>	CM14-0156786		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	12/19/2008
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 65-year-old female who reported an injury on 12/19/2006. The mechanism of injury was not clearly indicated in the clinical notes. Her diagnosis included severe neck pain. Her past treatments included a home exercise program, steroid injections, and medications. The injured worker's diagnostic exams were not clearly indicated in the clinical notes. The injured worker's surgical history included a back surgery in 09/2014. The type of surgery was not specified. On 8/27/2014, the injured worker complained of pain in the neck that radiated into her left shoulder, which caused stiffness. The physical exam revealed tenderness along the paraspinal muscles of both shoulders. There was decreased range of motion of the cervical spine that was 50% of normal. The exam also revealed tenderness over the shoulders and greater tuberosity bilaterally. She had full range of motion to her shoulder, but pain was exacerbated by full flexion and abduction. Her neurological exam was normal. The injured worker's medications included anti-inflammatories. The exact name of the medication was not indicated. The treatment plan consisted of a magnetic resonance imaging (MRI) of the cervical spine to determine if an infection was present. A request was received for an MRI of the cervical spine. Rationale for the request is to determine if there is an infection present on the cervical spine. The Request for Authorization form was signed and submitted on 09/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

**Decision rationale:** The request for MRI of the cervical spine is not medically necessary. The ACOEM Guidelines state that the use of diagnostic exams, such as MRI, are necessary if the injured worker has red flag or serious conditions. For the diagnosis of a cervical strain with indications of neck pain and reduced range of motion, diagnostic exams, such as MRIs, are not indicated. Based on the clinical notes, the injured worker complained of worsening neck pain with decreased range of motion through her neck. Her range of motion values for the cervical spine included 10 degrees of rotation in either direction and 0 degrees of extension. The clinical notes failed to identify the injured worker's quantitative pain scores to indicate her level of discomfort. The clinical notes also failed to identify any impaired functional abilities the injured worker may have as a result of the injury. In the absence of red flags and clinical documentation indicating the quantitative pain score, the request for an MRI of the cervical spine is not supported. Therefore, due to lack of documentation indicating significant neurological or physical symptoms, the request for an MRI of the cervical spine is not medically necessary.