

<b>Case Number:</b>	CM14-0158491		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Emergency Medicine 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 39 year-old female, who sustained an injury on February 24, 2009. The mechanism of injury occurred when she fell on a wet floor. Diagnostics have included: 2009 cervical magnetic resonance imaging (MRI) - results not noted; EMG/NCS dated March 31, 2014, reported as showing moderate bilateral carpal tunnel syndrome. Treatments have included: medications, physical therapy, chiropractic, acupuncture. The current diagnoses are: cervical strain/sprain with radiculopathy, thoracic strain/sprain, and lumbar strain/sprain with radiculopathy. The stated purpose of the request for Decision for MRI Cervical Spine was not noted. The request for Decision for MRI Cervical Spine was denied on August 25, 2014, citing a lack of documentation of neither positive neurologic exam findings nor an acute change since the date of the 2009 previous cervical MRI. Per the report dated July 30, 2014, the treating physician noted complaints of neck pain with radiation to the head, back and upper extremities; mid and low back pain with radiation to both feet. Exam findings included cervical paraspinal muscle hypertonicity, decreased cervical range of motion, decreased sensation to right C6 distribution, normal muscle strength and reflexes, lumbar paraspinal muscle hypertonicity, decreased lumbar range of motion, positive right-sided straight leg raising test, decreased right L4 sensation.

### 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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter, MRI (Magnetic Resonance Imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** The requested Decision for magnetic resonance imaging (MRI) Cervical Spine is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), ACOEM 2004 edition, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has neck pain with radiation to the head, back and upper extremities; mid and low back pain with radiation to both feet. The treating physician has documented cervical paraspinal muscle hypertonicity, decreased cervical range of motion, decreased sensation to right C6 distribution, normal muscle strength and reflexes, lumbar paraspinal muscle hypertonicity, decreased lumbar range of motion, positive right-sided straight leg raising test, decreased right L4 sensation. The treating physician has not documented a history of acute trauma, acute clinical change since the date of the previous cervical MRI, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in reflexes or muscle strength. The criteria noted above not having been met, Decision for MRI cervical spine is not medically necessary.