

<b>Case Number:</b>	CM14-0168220		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Internal 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 patient is an injured worker with the diagnosis of cervical strain. Date of injury was June 24, 2014. Regarding the mechanism of injury, the patient injured the neck, due to repetitive work activities and continuous driving. X-ray of the cervical spine dated 7/15/14 was reported as normal except arthritic changes and loss of normal lordosis. Physical medicine and pain management consultation report dated 8/27/14 documented subjective complaints of neck pain. Physical examination of the cervical spine was documented. There was no loss of normal cervical lordosis, or any abnormal curvatures. There was no visible deformity or step-off. Cervical spine range of motion demonstrated flexion and extension of 20 degrees. Range of motion was limited by pain. There was tenderness to palpation in the cervical paraspinals. There was tenderness to palpation in the trapezius. Motor exam was grossly intact in the bilateral upper extremities. Light touch sensory was intact with no dermatomal deficits bilaterally. Deep tendon reflexes demonstrated no asymmetry. Diagnosis was cervical strain. Cervical magnetic resonance imaging (MRI) was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

**Decision rationale:** The guidelines state that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results) and that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. Physical medicine and pain management consultation report dated 8/27/14 did not document red flags. Physical examination did not demonstrate neurologic deficit. No history of trauma to the neck was noted. There was no evidence of tumor or infection. Physical examination of the cervical spine demonstrated that motor exam was grossly intact in the bilateral upper extremities. Light touch sensory was intact with no dermatomal deficits bilaterally. Deep tendon reflexes demonstrated no asymmetry. There was no loss of normal cervical lordosis, or any abnormal curvatures. There was no visible deformity or step-off. No fracture was noted on the x-ray radiography of the cervical spine dated 7/15/14. Because red flags were not evidenced, the request for cervical spine magnetic resonance imaging is not supported. Therefore, the request for MRI of the cervical spine is not medically necessary.