

<b>Case Number:</b>	CM14-0174245		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Illinois. 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 54-year-old male who reported an injury on 03/21/2014. The mechanism of injury was not submitted for clinical review. The diagnoses include elbow/forearm sprain/strain, right wrist sprain/strain, right hand sprain/strain, muscle spasms of the right shoulder, arm, forearm, right arm, wrist, cervical spine muscle spasms, pain in the right shoulder, hand, arm, elbow, brachial neuritis/radiculitis. The previous treatments include medication, physical therapy. Within the clinical note dated 10/10/2014, it was reported the patient indicated spasms were slightly better. The patient complained of painful and tight right shoulder, right shoulder bleed, right arm, right hand, right wrist, right side of neck. Upon the physical examination, the provider noted the injured worker to have pain with tenderness and swelling. The range of motion of the cervical spine was noted to be flexion at 40 degrees and extension at 40 degrees. The provider requested an MRI of the cervical spine; however, a rationale was not submitted for clinical review.

### 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 without contrast.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The request for an MRI of the cervical spine without contrast is not medically necessary. The California MTUS Guidelines note that criteria for ordering imaging studies include emergence of red flags, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to invasive procedure. The clinical documentation submitted failed to indicate that the injured worker was unresponsive to conservative therapy. Additionally, there is lack of documentation indicating red flag diagnoses are in the intent to undergo surgery, warranting the medical necessity for the MRI. Therefore, the request is not medically necessary.