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| <b>Case Number:</b>   | CM14-0175389 |                              |            |
| <b>Date Assigned:</b> | 10/28/2014   | <b>Date of Injury:</b>       | 04/11/2013 |
| <b>Decision Date:</b> | 12/04/2014   | <b>UR Denial Date:</b>       | 10/02/2014 |
| <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 Family Practice 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:

A 70 yr. old female claimant sustained a work injury on 4/11/13 involving the head and low back. She was diagnosed with low back pain, knee pain and cervical pain. A progress note on 8/21/14 indicated the claimant had headaches. There was tenderness over the midline of the lumbar spine. No gross abnormalities were noted in the upper extremities or in the cervical spine except a scar. An MRI of the cervical spine was ordered to determine cause of pain radiating to the arm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI (magnetic resonance imaging) of the cervical spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI (magnetic resonance imaging)

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

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended

for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The cervical spine and upper extremity exam were unremarkable. The request for an MRI of the cervical spine is not medically necessary.