

<b>Case Number:</b>	CM14-0176476		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Interventional Spine 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 a 40 year old male with an injury date of 08/01/13. Based on the 09/22/14 progress report provided by [REDACTED], the patient complains of neck pain rated 5-6/10 that radiates from the neck into his right shoulder and right arm. Physical examination to the cervical spine revealed decreased range of motion, especially on left lateral bending 20 degrees. Hypersensitivity and hypermobility noted at C2-5, and muscle guarding at C4-6 on right paravertebral musculature upon joint palpation. Positive Compression Test on the right. Positive shoulder Depression and Distraction Tests bilaterally. Patient is temporarily totally disabled. Treating physician states in progress report dated 09/22/14 that no prior MRI is available. No MRI was found in review of medical records. Diagnosis 09/22/14: exacerbated post-traumatic chronic right cervical spine sprain with suspected C5 C6 disc protrusion resulting in radicular like pain into the right upper extremity. [REDACTED] is requesting MRI of the Cervical Spine. The utilization review determination being challenged is dated 10/13/14. The rationale is "no documentation of any recent course of conservative care..." [REDACTED] is the requesting provider and he provided treatment report dated 09/22/14.

### 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:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** The patient presents with neck pain rated 5-6/10 that radiates from the neck into his right shoulder and right arm. The request is for MRI of the Cervical Spine. The patient's diagnosis on 09/22/14 was "exacerbated post-traumatic chronic right cervical spine sprain with suspected C5, C6 disc protrusion resulting in radicular like pain into the right upper extremity." ODG Guidelines, Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI) states: "Not recommended except for indications list below. Indications for imaging -- MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present - Neck pain with radiculopathy if severe or progressive neurologic deficit." UR letter dated 10/13/14 states "no documentation of any recent course of conservative care..." Treating physician states in progress report dated 09/22/14 that no prior MRI is available. No MRI was found in review of medical records. The patient presents with radiating symptoms of the neck, which is a neurologic symptom indicated by ODG guidelines. Recommendation is that the request is medically necessary.