

<b>Case Number:</b>	CM14-0177866		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 & Rehabilitation 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 70 year old female who reported an injury on 04/11/2013. The mechanism of injury was fall. Her diagnoses were noted to include lumbago, cervicgia, jaw pain, knee pain, and foot pain. Her past treatments included medications and injections. On 09/18/2014, the injured worker complained of pain in the cervical spine rated at 9/10. An examination revealed tenderness at the cervical spine with decreased range of motion and crepitus. Her medications were listed as Aleve. The treatment plan included a prescription for Hydrocodone. A request was received for an MRI of the cervical spine w/o contrast. The rationale for the request was not provided. The Request for Authorization form was not submitted.

### 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 w/o contrast is not medically necessary. Californian MTUS/ACOEM guidelines state that for most patients with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Clinical notes indicate that the injured worker's past treatments included injections and medications that provided slight relief. However, there was no documentation with evidence of conservative care and observation failing to improve symptoms after a 3-4 week period. In addition, the guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. An examination note reported tenderness at the cervical spine with decreased range of motion and crepitus. However, there was no quantified evidence of neurological deficits submitted. In the absence of sufficient evidence warranting imaging studies, the request is not supported. Therefore, the request is not medically necessary.