

<b>Case Number:</b>	CM14-0025467		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 11/7/13 note indicates the injured worker slipped on the floor and hit her head. Cervical range of motion was normal. Gait was normal. The insured was referred for physical therapy. The 12/4/13 report notes pain in the back, neck shoulder, elbow and head. There was spasm and tenderness in cervical and shoulder region. Sensation was reported decreased in the right and left C5 to T2. There was decreased strength throughout the right and left upper extremity. Assessment was cervical spine strain/sprain with radiculitis and radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI CERVICAL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**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, MRI.

**Decision rationale:** The medical records report episode of trauma/acute injury with physical exam findings reporting weakness and sensory loss that is new for the injured worker. ODG

guidelines support MRI cervical spine with known trauma and neurologic deficit. Therefore the request is medically necessary.