

<b>Case Number:</b>	CM14-0030665		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/02/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Pain Medicine, and is licensed to practice in Texas. 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 53-year-old who had complaints of neck pain and low back pain. The Agreed Medical Evaluation dated December 5, 2013 indicated the injured worker complaining of neck pain and low back pain rated 7-9/10. The injured worker complained of worsening neck pain and upper back pain. The injured worker stated that moving her head from side to side and back to forth increased her neck pain. The injured worker also reported that cold and damp weather exacerbated the pain level. The injured worker demonstrated 61 degrees of cervical flexion, 32 degrees of extension, 30 degrees of left tilt, 30 degrees of right tilt, 60 degrees of left rotation and 50 degrees of right rotation. Agreed Medical Evaluation revealed the initial injury occurred on 2007 as a result of repetitive motions while standing on feet throughout the entire workday. The injured worker had a fall from a chair in September of 2009, resulting in low back and left shoulder pain. MRI taken at this hospital visit revealed essentially normal findings. A clinical note dated March 12, 2014 indicated the injured worker having 4/5 strength at right extensor hallucis longus (EHL) and 3/5 on the left with 4/5 at peroneus longus bilaterally. The injured worker underwent physical therapy to address shoulder complaints. The computed tomography (CT) scan of the lumbar spine dated May 14, 2014 revealed previous fusion at L4-5 and L5-S1. Disc protrusions were identified at L2-3 and L3-4. The Utilization review dated February 10, 2014 indicated the injured worker had ongoing complaints of low back pain. Review resulted in denial for neck MRI as no information was submitted regarding any significant functional deficits associated with the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine:** 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): 177-8.

**Decision rationale:** The clinical documentation indicates the injured worker complaining of neck pain with associated range of motion deficits. An MRI of the cervical spine is indicated for patients who have continued functional deficits following full course of conservative treatment. No information was submitted regarding completion of full course of conservative treatment addressing the neck complaints. The request for an MRI of the cervical spine is not medically necessary or appropriate.