

<b>Case Number:</b>	CM14-0033180		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Internal Medicine and Pulmonary Diseases, and is licensed to practice in California, Florida, and New York. 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 38-year-old male with a reported injury on 10/3/13. The mechanism of injury was not provided. The injured worker had an exam done on 3/3/14 with complaints of right shoulder, neck, and new left shoulder pain. The injured worker's last physical therapy note was on 2/25/14; he had a total of 20 sessions. The injured worker was also performing his home exercise program daily. The injured worker's functional goals for carrying and for lifting started off at a value of 10, and now currently are at 40. The physical therapy note reveals that the overall progress is slower than expected. There was a cervical MRI done on 3/6/14 with findings of mild scoliosis of the cervicothoracic spine. The MRI findings also revealed mild developmental central canal stenosis as seen from C3-6.

### 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:** Upheld

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

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

**Decision rationale:** The injured worker had an MRI study done on 3/6/14. The ACOEM guidelines state that special studies are not needed unless a 3-4 week of conservative care and observation fails to improve symptoms. There was a lack of evidence of conservative care, to include medication and efficacy and a home exercise program. The patient did have 20 sessions of physical therapy which did show some improvement, but slower than normal. Due to the fact that the injured worker has already had an MRI of the spine on 3/6/14, the request for another MRI of the cervical spine is not medically necessary.