

<b>Case Number:</b>	CM14-0036061		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/07/2007
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 ABFP 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 57 year old female patient sustained a work injury on 9/7/07 resulting in neck, upper back and bilateral shoulder pain. An exam report on 12/10/13 indicated the patient had 8/10 pain in the involved areas that was aggravated with most movements or activities. Exam findings included reduced range of motion of the cervical spine and shoulders. There were paresthesias to light touch in the right hand. Strength was slightly reduced in the left hand and fingers. Reflexes were normal . The treating physician ordered an MRI of the shoulders and thoracic spine. An examination on 2/6/14 noted impairment in the digits consistent with radiculopathy of the C5-C6 region. Spurlings test was negative. An MRI of the cervical spine was ordered to evaluate for nerve root impingement.

### 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 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** According to the MTUS guidelines, an MRI is recommended when there are red flag signs such as tumor, infection, fracture or when there is needed clarification of anatomy or used for treatment to avoid surgery. In this case, the findings and documentation do not support the aforementioned criteria. The physical findings were consistent with the diagnosis and there was no mention of uncertain diagnosis associated with physical findings. The MRI of the cervical spine is not medically necessary.