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| <b>Case Number:</b>   | CM14-0046435 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 06/29/2010 |
| <b>Decision Date:</b> | 08/29/2014   | <b>UR Denial Date:</b>       | 03/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/14/2014 |

### 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 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 47-year-old male who reported an injury on 06/29/2010. The mechanism of injury was not stated. Current diagnoses include abdominal pain, acid reflux, constipation, weight gain, hypertension, blurred vision, cephalgia, dyspnea, erectile dysfunction, urinary frequency, sleep disorder, vitamin D deficiency, psychiatric diagnosis, and orthopedic diagnosis. The latest Physician's Progress Report submitted for this review is documented on 10/16/2013. The injured worker reported worsening abdominal pain, GERD, sleep quality, hypertension, and lumbar spine pain. The injured worker also reported 7/10 neck and shoulder pain. Physical examination on that date was not provided. Treatment recommendations included a urine toxicology screening.

### 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 Page(s): 181-183.

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 weeks period of conservative care and observation fails to improve symptoms. There were no recent Physician's Progress Reports submitted for review. There was no physical examination of the cervical spine submitted for this review. The medical necessity has not been established. There was no documentation of an attempt at any conservative treatment. Based on the clinical information received, the request is not medically necessary.