

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0051749 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 02/18/2014 |
| <b>Decision Date:</b> | 09/05/2014   | <b>UR Denial Date:</b>       | 03/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/19/2014 |

### 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 Anesthesiologist 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 injured worker is a 64-year-old female with a reported date of injury on 02/18/2014. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnoses included pain in the upper and mid back, thoracic spine strain, cervical spine strain, left shoulder pain, and right shoulder pain. Previous conservative care included activity modification and physical therapy. Diagnostic studies were not provided within the documentation. Surgical history was not provided within the documentation. The injured worker presented with bilateral shoulder pain. The cervical spine range of motion revealed right rotation to 50 degrees, left rotation to 50 degrees, right side bending to 30 degrees, left side bending to 35 degrees, and flexion to 50 degrees. The injured worker's medication regimen included Prilosec, naproxen, and Salonpas patches. The injured worker's plan of care included continued physical therapy. The rationale for the request was not provided within the documentation available for review. The Request for Authorization for MRI of the cervical spine was submitted on 04/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for the Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines state that the criteria for ordering imaging studies would include emergence of a red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documentation provided for review indicates the injured worker previously participated in physical therapy, the results of which were not provided within the documentation available for review. There is a lack of documentation related to the injured worker's neurological deficits. There is a lack of documentation related to the emergence of a red flag or physiological evidence of tissue insult or neurological dysfunction. Therefore, the request for MRI for the Cervical Spine is not medical necessary.