

<b>Case Number:</b>	CM14-0056565		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/30/2009
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 33-year-old male who has submitted a claim for chronic cervical sprain/strain with radicular symptoms and sprain/strain trapezium associated with an industrial injury date of 01/30/2009. Medical records from 01/27/2014 to 07/09/2014 were reviewed and showed that patient complained of chronic neck pain (grade not specified) that radiates to the base of the head, bilateral shoulders, and right arm. Physical examination revealed tenderness over the paracervical muscles, supraspinatus, and trapezius. Cervical spine Range of Motion (ROM) was decreased. MMT of the upper extremities and sensation to light touch were intact. DTRs were 1+ over the upper extremities. Treatment to date has included acupuncture, physical therapy, and chiropractic care. Utilization review dated 04/01/2014 denied the request for MRI of the cervical spine because there was no documentation submitted for review indicating conservative treatment.

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** Pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS states that imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient complained of chronic neck pain. However, physical examination findings did not reveal red flag signs or specific nerve compression and previous radiologic findings were not made available. There was no discussion of a contemplated surgical procedure. Moreover, the functional outcome from previous physical therapy visits was not made available. The patient does not meet the guidelines criteria for cervical spine MRI. Therefore, the request for MRI of the cervical spine is not medically necessary and appropriate.