

<b>Case Number:</b>	CM14-0061887		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/03/2014

### 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 and Pain Management 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 38-year-old female who reported an injury on 10/28/2011 due to a motor vehicle accident. On 01/14/2014, the injured worker presented with pain in the back, left leg, hip to foot, right leg and mid calf. Upon examination of the lumbar spine there was a positive bilateral straight leg raise, decreased range of motion, tight hamstrings and weakness to the ankles, hips, and quads. There was a decreased ankle jerk on the left and poor core strength. Prior therapy included surgery and physical therapy. The diagnoses were not notated in this note. The provider recommended an magnetic resonance imaging magnetic resonance imaging (MRI) of the cervical spine. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck and Upper Back (updated 04/14/2014).

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

**Decision rationale:** The California Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines state for most injured workers presenting with true neck and upper back problems special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, provided any red flag conditions are ruled out. The criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to an invasive procedure. There is lack of evidence of an emergence of a red flag in relation to the injured worker's condition and there is lack of evidence of a failure to progress in a strengthening program intended to avoid surgery. There is no physiologic evidence of a tissue insult or neurologic dysfunction. Additionally, there is a lack of evidence of a failure to respond to conservative treatment of 3 to 4 weeks. As such, the request is not medically necessary and appropriate.