

<b>Case Number:</b>	CM14-0063905		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Family Practice 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 63 year old female who sustained an injury to her neck on 11/02/10. Plain radiographs of the cervical spine dated 11/17/10 revealed mild spondylosis in the cervical spine. Records indicate that the injured worker underwent at least 4 chiropractic manipulation visits between 04/02/14 and 04/12/14 that provided minimal benefit. The progress report dated 04/24/14 noted that the injured worker continued to complain of bilateral posterior cervical/shoulder girdle spasms, neck stiffness in all ranges, and right upper extremity pain at 5/10 VAS. Physical examination noted slight moderate cervical spine restriction in all ranges; digital pressure to C4 through C7 markedly tender; palpatory moderate taut and tenderness of the posterior cervical/shoulder girdle musculature; normal neurological findings. The injured worker was diagnosed with a cervical strain. MRI was recommended to evaluate intervertebral discs at C5-6 and C6-7.

### 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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck: Indications for Imaging-MRI (Magnetic Resonance Imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** The request for an MRI of the cervical spine is not medically necessary. The previous request was denied on the basis that there were no 'red flag' diagnoses and there were no positive orthopedic tests or neurological tests reported on the PR2 dated 04/24/14, although the 04/12/14 progress notes do indicate positive cervical compression and Wright's hyperabduction. There were no focal neurological deficits on physical examination to include decreased motor strength, increased reflex or sensory deficits. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified. Given this, the request for an MRI of the cervical spine is not indicated as medically necessary.