

<b>Case Number:</b>	CM14-0066121		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/22/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Nevada. 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 records presented for review indicate that this 62-year-old female was reportedly injured on September 22, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 19, 2014 indicates that there are ongoing complaints of neck pain that radiates to the upper extremities. Current medications include Flexeril and Naprosyn. The physical examination demonstrated tenderness along the cervical spine paraspinal muscles, there was also tenderness at the left shoulder subacromial region and a positive impingement test. There was also noted to be tenderness at the lateral aspect of both elbows. Diagnostic imaging studies revealed disc degeneration at the C5 - C6 level. Previous treatment is unknown. A request had been made for an MRI of the cervical spine and was not certified in the pre-authorization process on April 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the Cervical Spine without contrast:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically sited).

**Decision rationale:** According to the American college of occupational and environmental medicine an MRI the cervical spine is recommended for patients with subacute or chronic radicular symptoms lasting at least 4 to 6 weeks. The progress note dated may 19 2014, indicates that there are no abnormal neurological findings on physical examination. As such, this request for an MRI the cervical spine is not medically necessary.