

<b>Case Number:</b>	CM14-0069795		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 43-year-old female was reportedly injured on May 14, 2012. The most recent progress note, dated May 21, 2014, indicated that there were ongoing complaints of left sided neck pain, upper trapezius pain, and low back pain. The physical examination demonstrated diffuse tenderness over the cervical spine paraspinal muscles. There was slightly reduced cervical spine range of motion and a negative Spurling's test. Examination of the left shoulder noted tenderness at the subacromial bursa and full range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included left shoulder surgery and physical therapy. A request had been made for an MRI of the cervical spine and was not certified in the pre-authorization process on April 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urgent MRI 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 cited).

**Decision rationale:** The ACOEM Practice Guidelines support an MRI of the cervical and/or thoracic spine in certain patients with acute and sub-acute red flag conditions and radicular pain syndromes lasting 4 to 6 weeks that are not improving with conservative treatment; however, a MRI is not recommended for evaluation of patients with nonspecific cervical or thoracic pain, unless there is a concern of neoplasm, infection or other neurological illnesses. The injured employee complains of neck and mid back pain after a work-related injury on May 14, 2012. However, there are no complaints of radiculopathy or concerning physical examination findings of the cervical spine. As such, this request for an MRI of the cervical spine is not medically necessary.