

<b>Case Number:</b>	CM14-0074133		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 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 62 year-old female with a reported date of injury on 01/29/2013. The mechanism of injury was noted to be due to a bookcase falling on top of the injured worker. Her diagnoses were noted to include chronic neck pain with underlying moderate degenerative disc disease at C5-6, right C7 radiculopathy, chronic mid back pain, right knee strain, complaints of headaches, tremor, and dizziness. Her previous treatments were noted to include medications and acupuncture. The progress note dated 04/19/2014 noted the injured worker complained of neck pain rated 7/10 to 8/10 with tingling and numbness that radiated to the right upper extremity, the mid back radiated to the right hamstring rated 7/10 and the right knee 7/10 as a dull pain. The injured worker reported pain/numbness to the right upper extremities which was worse with cervical flexion. The physical examination of the cervical spine revealed tenderness and positive Spurling's to the C6 with the right upper extremity paraspinal musculature and painful range of motion. The request for authorization form was not submitted within the medical records. The request was for an MRI of the cervical spine; however, the provider's rationale was not submitted within the medical records.

### 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): 177-179.

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

**Decision rationale:** The MTUS/ACOEM guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause such as an MRI for neural deficits. The guidelines state an MRI can be used to identify anatomic defects. There is a lack of clinical findings showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is not medically necessary.