

<b>Case Number:</b>	CM14-0076896		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/29/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 the patient is a 55 year old female injured on 05/29/10 due to working as a paint masker. As a result, she reported to have cumulative trauma industrial injuries to the neck, left shoulder, right wrist and forearm. She has had a previous MRI of the cervical spine on 2/11/11 and an electromyography (EMG) on 10/11/11. The most recent progress note by primary treating orthopedic physician dated 04/21/14, indicated the patient continues to complain of neck pain, 5-6/10 on the visual analog scale. The pain is constant and localized in the lower part of neck, more on left than right. Physical exam of the neck shows tenderness in the lower part of the paracervical area from C5 to T1, left more than right. Mild spasm in the lower part of the paracervical area C5 to T1, left more than right. Tenderness noted in the upper trapezius bilaterally, left more than right. However there are no objective neurologic deficits noted on 4/21/14. Prior utilization review denied request for MRI of cervical spine on 05/01/14.

### 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:** 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 Official Disability Guidelines (ODG) Neck & Upper Back, MRI.

**Decision rationale:** The patient has no new neurologic deficits such that repeating an MRI to update imaging is not medically necessary. The previous electrodiagnostic testing did not find any evidence of cervical radiculopathy. The request is not in keeping with Official Disability Guidelines for repeat testing. This request remains not medically necessary.