

<b>Case Number:</b>	CM14-0077498		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/29/2014
<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 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 60 year-old individual was reportedly injured on 8/20/2013. The mechanism of injury is noted as a direct blow to the head. The most recent progress note, dated 3/20/2014. Indicates that there are ongoing complaints of neck pain. The physical examination demonstrated cervical spine: patient Mrs. to touch the chance of the shoulder on the left. Complaints of pain with neck motion. Complaints of tenderness to palpation over the para cervical spine, trapezius, and intercapular muscles. Diagnostic imaging studies including MRI of the cervical spine dated 2/11/2014 which reveals degenerative changes. Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for MRI of the cervical spine and was not certified in the pre-authorization process on 4/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI), Cervical Spine w/o contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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:** ACOEM treatment guidelines support and MRI of the cervical spine for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records report that the injured worker had an MRI cervical spine in February 2014. Medical records do not document any significant changes on physical exam or red flags that would necessitate a repeat MRI in such a short time frame. As such, the request is not considered medically necessary.