

<b>Case Number:</b>	CM13-0053212		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	01/19/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Texas, Colorado  
 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 claimant is a 65-year-old female injured in a work related accident on January 19, 2013. A clinical record dated October 15, 2013 notes subjective complaints of neck and mid-back pain. The claimant reported that the neck pain radiated to her head, causing headaches; she also reported pain to the bilateral shoulders and upper back. Physical examination findings showed mildly restricted cervical range of motion with no tenderness to palpation. There was negative Spurling's testing. There was a positive Finkelstein test at the wrist but no documentation of focal motor, sensory or reflexive change to the upper or lower extremities. The claimant had a non-antalgic gait pattern. She was diagnosed with cervicothoracic sprain. Documentation of previous imaging to the neck was not provided. Recommended to rule out cervical radiculopathy, an MRI scan of the cervical, lumbar and thoracic spines, as well as the right wrist and hand, were requested. This review addresses the request for an MRI scan of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 and 177-178.

**Decision rationale:** According to California ACOEM Guidelines, a cervical MRI scan would not be indicated in this case. ACOEM Guidelines state that physiological evidence of tissue insult or neurologic dysfunction would need to be present to support acute testing, as would unequivocal evidence of nerve compromise on neurologic examination. While the claimant is noted to have acute neck-related complaints and headaches, the neurologic examinations including Spurling's testing and evaluations of gait pattern, motor, sensory and reflexive responses demonstrated no acute findings. Absent such findings, the request for a cervical MRI scan is not be medically necessary.