

<b>Case Number:</b>	CM14-0165116		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	07/01/2014
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 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 patient is a 39 year old female who sustained a work related injury to her left upper arm, left shoulder and cervical region while employed as a Nurse Aide and transferring a resident/client on July 1, 2014. The current diagnoses are cervical strain, thoracic sprain/strain and cervicogenic headaches. No radiological reports were documented. According to the progress reports dated August 13, 2014 the injured worker continues to experience pain at the left trapezius and a sharp pinch with turning her neck to the left. On examination there is moderate pain on palpation of the paraspinal muscles, left trapezius. Forward flexion is 50/60 degrees, extension is 45/50 degrees, lateral range of motion to the right is 45/45 and 35/45 to the left with rotation 40/60 degrees to the left and 60/60 to the right. Left and right shoulder range of motion was within normal limits with negative impingement and tendon signs and normal distal neurovascular status. Current medications consist of Flexeril, ibuprofen, Valium for spasm, Norco, Ativan and Paxil. The treatment plan to date consists of conservative measures, physical therapy, and medication. The recommended work status was to return to work with modified restrictions. The treating physician has requested authorization for a magnetic resonance imaging (MRI) cervical spine. On September 10, 2014 the Utilization Review denied certification for a magnetic resonance imaging (MRI) cervical spine. Citation used in the decision process was the Medical Treatment Utilization Schedule (MTUS) ACOEM, Occupational Medical Practice Guidelines.

### 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): 171-171, 177-179.

**Decision rationale:** The 39 year- old female who sustained a work related injury to her left upper arm, left shoulder and cervical region while employed as a Nurse Aide and transferring a resident/client on 7/1/14. The current diagnoses are cervical strain, thoracic sprain/strain and cervicogenic headaches. There are no radiological reports were documented. Report of 8/13/14 from the provider noted the patient continues to experience pain at the left trapezius and a sharp pinch with turning her neck to the left. Exam showed moderate pain on palpation of the paraspinal muscles, left trapezius; range of motion with flexion is 50/60 degrees, extension is 45/50 degrees, lateral range of motion to the right is 45/45 and 35/45 to the left with rotation 40/60 degrees to the left and 60/60 to the right; Left and right shoulder range of motion was within normal limits with negative impingement and tendon signs and normal distal neurovascular status. Current medications list Flexeril, ibuprofen, Valium for spasm, Norco, Ativan and Paxil. The treatment plan to date consists of conservative measures, physical therapy, medications, and modified activities/rest. The recommended work status was to return to work with modified restrictions. Treatment plan included modified restrictions and MRI of cervical spine. The MRI of cervical spine was denied on 9/10/14. Submitted reports have not shown any clinical findings of radiculopathy or neurological deficits consistent with any dermatomal/myotomal distribution of radiculopathy or myelopathy. Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure, not identified here. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms are persistent; however, none are demonstrated here. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic study. The MRI Cervical Spine is not medically necessary and appropriate.