

<b>Case Number:</b>	CM14-0174690		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	09/22/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Emergency Medicine 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 36 year-old male, who sustained an injury on September 22, 2013. The mechanism of injury occurred from a motor vehicle accident. Diagnostics have included: February 3, 2014 cervical spine x-rays reported as showing moderate degenerative changes at C4-6. Treatments have included: physical therapy, acupuncture, medications. The current diagnoses are: cervicothoracic strain, bilateral ankle/foot sprain. The stated purpose of the request for Cervical Spine MRI was due to chronic neck pain. The request for Cervical Spine MRI was denied on September 18, 2014, citing a lack of documentation of neurologic deficits. Per the report dated September 8, 2014, the treating physician noted complaints of neck and right knee pain. Exam findings included bilateral upper extremity tenderness and weakness, positive right elbow Tinel sign, bilateral hand Tinel signs, right knee effusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** The requested cervical spine MRI is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has neck and right knee pain. The treating physician has documented bilateral upper extremity tenderness and weakness, positive right elbow Tinel sign, bilateral hand Tinel signs, right knee effusion. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, cervical spine MRI is not medically necessary.