

<b>Case Number:</b>	CM14-0182879		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 41 year-old female with a 10/23/2013 date of injury. The initial pain management consultation on 7/8/2014 states the patient's main complaint is the low back, from cumulative trauma. According to the 10/10/14 pain management report, the patient had a lumbar epidural injection which helped, but that she currently has neck pain and headache and radicular symptoms to the upper extremities. On exam she has tender cervical paraspinal muscles and trigger points. There was decreased cervical motion, and decreased sensation to pinwheel on the medial forearms bilaterally. On 11/03/2014, the utilization reviewer opines that the MRI of the cervical spine is not reasonable or necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker is reported to have had benefit from a lumbar injection and currently has neck pain and headache. The physician notes decreased sensation at the medial forearms and requests a cervical MRI. There is no discussion of any dermatomal distribution and the symptoms were not reproduced in the orthopedic/neurologic examination. It is unknown if the injured worker has history of peripheral neuropathy or metabolic disorders that would account for the non-specific finding. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The available reporting does not document unequivocal findings that identify an area of specific nerve compromise. There are no electrodiagnostic studies provided for review. The request does not meet the MTUS/ACOEM criteria for imaging studies. The request for MRI of cervical spine is not medically necessary.