

<b>Case Number:</b>	CM14-0189881		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 22 year old male who was injured on 4/23/2014 involving a wheeled dolly accident where it stopped suddenly hitting his jaw and knocking him backwards landing on his neck and back. He was diagnosed with cervical spondylosis, cervical facet syndrome, cervical pain, shoulder pain, shoulder bursitis, and thoracic pain. He was treated with pain medications and chiropractor treatments. On 10/21/14, the worker was seen by his treating physician reporting continual pain in his neck, low back, and right shoulder. He denied any radiation symptoms. He rated his pain at 7/10 on the pain scale. He also reported that his symptoms remained unchanged since the injury months prior. Physical findings included BMI of 32, tenderness to palpation over the right posterolateral aspect of the neck, pain with cervical extension, and right-sided cervical loading pain, 2+ reflexes in the upper extremities, negative Hoffman's sign, slightly weak motor strength of the right shoulder rotator cuff muscles, and completely normal bilateral upper extremity sensation. He was then recommended to have an MRI of the cervical spine/right shoulder/thoracic spine followed by a consideration for interventional procedures if appropriate. He was also recommended physical therapy plus home exercises and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was insufficient evidence to suggest he had any injury/condition that would require any imaging, including cervical MRI. There was no evidence of red flag diagnoses, no symptoms of radiculopathy or numbness, and physical findings also showed no abnormality that would suggest any cervical nerve dysfunction. Therefore, cervical MRI will not likely benefit the worker in this case, based on the evidence provided for review, and is not medically necessary.