

<b>Case Number:</b>	CM14-0195299		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Internal 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:

This 47 year old male reportedly sustained a work related injury on May 23, 2014 due to a fall resulting in left side chest pain. The diagnoses include hypertension, dyslipidemia, cervical, left shoulder and sternal sprain, pectoral strain and posttraumatic headaches. Electromyography (EMG) on August 5, 2014 conclusion was normal and there is mention of physical therapy but no clear functional improvement is noted. Emergency department (ED) report dated May 23, 2014 provides the injured worker arrived via ambulance after he fell and hit his left chest, shoulder and head on a metal floor status post fall. He reported no loss of consciousness and no head, shoulder or neck pain. Physical exam revealed ecchymosis of left bicep with no tenderness and full range of motion (ROM). Chest x-ray and rib x-ray were negative for acute abnormality. Pain management physician report dated July 1, 2014 documents the injured worker complains of headaches, neck and shoulder pain radiating to arm rated 6-7/10 and decreased with medication. Physical exam documents stiffness, tightness and pain of left effected area. Cervical compression and Spurling's test are negative. Primary treating physician report dated October 21, 2014 provides the injured worker rates chest and left shoulder pain 7/10 and headaches and cervical pain 5/10. Range of motion (ROM) of the left shoulder abduction 160/180 and flexion 160. Cervical range of motion (ROM) is said to be improved and positive Valsalva for cervical pain. Work restriction is listed as no lifting left shoulder above the head, no lifting over 20 pounds and no repeated pushing or pulling. On November 3, 2014 Utilization Review denied a request for magnetic resonance imaging (MRI) of the cervical spine. Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) guidelines for neck and upper back was used to make the determination. Application for Independent Medical Review is dated November 18, 2014.

## **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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the cervical spine is not medically necessary. The guidelines enumerated the indications for magnetic resonance imaging of the cervical spine. Indications include, but are not limited to, chronic neck pain (after three months of conservative treatment), radiographs normal, neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit, etc. In this case, the injured worker sustained the chest wall injury on the date of injury May 23, 2014. Approximately one month later, the injured worker started complaining of neck symptoms. No cervical spine x-rays were ever performed. At the time of the accident and subsequently, there were no neurologic symptoms or signs present. There was no documentation of any radiculopathy. Medical record indicates symptoms improved with exercise sessions. Consequently, absent the appropriate clinical indication, MRI of the cervical spine is not medically necessary.