

<b>Case Number:</b>	CM14-0198430		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	10/23/2011
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab 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 underlying date of injury in this case is 10/23/2011. The initial utilization review denial date is 10/28/2014. On 10/16/2014 the patient was seen in orthopedic followup. At that time the patient reported that physical therapy helped alleviate pain. The patient complained of increased pain in the left side with cervical tightness and stiffness. The patient also complained of abdominal pain. On exam there was tenderness in the cervical spine to the left side with increased tenderness to the left shoulder and painful limited range of motion. The patient had limited cervical range of motion. No specific neurological deficits were reported. The patient was diagnosed with a cervical strain, status post left shoulder surgery with residual weakness and gastritis due to medication use. The treatment plan included continued postoperative therapy as well as an MRI arthrogram of the left shoulder and a cervical MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Magnetic Resonance Imaging (MRI) of Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** ACOEM Guidelines, Chapter 8, Neck, page 182 recommends MRI imaging to validate the diagnosis of nerve root compromise based on clear history and physical examination findings. There are no reported neurological deficits or red-flag findings at this time. The medical record and guidelines do not support an indication for cervical MRI; therefore, this request is not medically necessary.