

<b>Case Number:</b>	CM14-0209725		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/29/2014
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 New York. 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 claimant is a 36 yo female who sustained an industrial injury on 04/29/2014. The mechanism of injury occurred when she was moving boxes. Her diagnoses include cervical strain and cervical radiculopathy with left hand paresthesias. She complains of left shoulder pain. On physical exam there is decreased range of cervical motion with tender paracervical muscles. There was normal sensation and motor strength. There was positive Tinel and Phalen tests on the left. Treatment has included medical therapy, physical therapy evaluation, rest, and a home exercise program. The treating provider has requested an MRI of the neck w/o dye.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI neck spine w/o dye:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 304.

**Decision rationale:** There is no documentation provided necessitating a cervical MRI. MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider

surgical intervention. Cervical MRI imaging is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic or infectious pathology can be visualized. In this case, there is no history of cervical radiculopathy or physical exam evidence of any neurologic abnormalities. Medical necessity for the requested cervical MRI has not been established. The requested service is not medically necessary.