

<b>Case Number:</b>	CM15-0008644		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 51-year-old male who reported an injury on 08/02/2012. The mechanism of injury was not specifically stated. The current diagnoses included closed head injury, cervical strain and cervical degenerative disc disease with central stenosis. The injured worker presented on 01/20/2015 with complaints of persistent neck pain. The injured worker also reported associated headaches, ringing in his ears, and radiation into the left upper extremity. The current medication regimen includes Norco and Ativan. Upon examination there was 40 degrees cervical flexion, 40 degrees extension and 60 degrees rotation. There was 5/5 motor strength and intact sensation. Recommendations at that time included an MRI of the cervical spine. There was no request for authorization form submitted for review.

### 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 Back

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

**Decision rationale:** The California MTUS1/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. According to the documentation provided, the injured worker underwent an MRI of the cervical spine on 06/02/2014. There is no documentation of a progression or worsening of symptoms or physical examination findings to support the necessity of a repeat MRI. There is also no mention of an attempt at any recent conservative treatment. Given the above, the request is not medically appropriate at this time.