

<b>Case Number:</b>	CM15-0131571		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	09/16/2007
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 41 year old female, who sustained an industrial injury on 9/16/07. She reported low back pain. The injured worker was diagnosed as having pain in the shoulder joint and lumbar disc displacement without myelopathy. Treatment to date has included L4-5 anterior interbody fusion on 6/28/10, a left sacroiliac joint injection, and medication. Physical examination findings on 6/8/15 included spinous process tenderness of C6-7 with increased pain on flexion. Paravertebral muscle and Trapezius muscle tenderness was also noted. Currently, the injured worker complains of neck pain and right upper extremity pain. Right hand weakness was also noted. The treating physician requested authorization for a MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Cervical Spine):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2015 Neck and Upper Back.

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

**Decision rationale:** The requested MRI (Cervical Spine), is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, The injured worker has neck pain and right upper extremity pain. Right hand weakness was also noted. The criteria noted above not having been met, MRI (Cervical Spine) is not medically necessary.