

<b>Case Number:</b>	CM15-0135372		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/05/2015
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 49 year old male, who sustained an industrial injury on May 5, 2015. He reported right shoulder pain. The injured worker was diagnosed as having fracture and cervical strain. Treatment to date has included diagnostic studies and medication. On May 12, 2015, the injured worker complained of positional pain with movement of neck with radiation of pain down the arms. He rated his pain as a 4-7 on a 1-10 pain scale. Symptoms are aggravated by movement of head and neck and are reduced with rest. Physical examination revealed tenderness over lower cervical spine and nuchal area along with tenderness over trapezial muscles. An x-ray was noted to reveal fracture of transverse process C6. The treatment plan included an MRI of the cervical spine, medication, cervical collar and a follow-up visit. On June 9, 2015, Utilization Review non-certified the request for MRI for the cervical spine, citing California MTUS ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The provided progress notes shows physiologic evidence of tissue insult and therefore the request is certified. Therefore, the requested treatment is medically necessary.