

<b>Case Number:</b>	CM15-0137442		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 29 year old male with an industrial injury dated 12/05/2014. His diagnoses included blunt head trauma and post concussive symptoms, cephalgia, cervical spine sprain/strain, left elbow partial tear of the proximal common extensor tendon and underlying lateral collateral ligament and lumbar spine radiculopathy. Prior treatment included physical therapy, medications, cane and diagnostics. He presented on 02/20/2015 with twitching in his left knee and blurred vision in both eyes. He was experiencing pain in the neck associated with headaches. Physical examination of the cervical spine demonstrated tenderness to palpation with painful range of motion. The left shoulder revealed diffuse tenderness with painful range of motion. The treatment plan included physical therapy and MRI of the cervical spine. The treatment request is for 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:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

**Decision rationale:** The claimant sustained a work-related injury in December 2014 when a metal column collapsed and concrete was poured over him. He continues to be treated for multiple injuries. When seen, he was having increasing symptoms. There was neck pain with movements and he was having headaches. There was cervical spine tenderness and pain with range of motion. A cervical spine MRI was requested. When seen on the Emergency Room on the date of injury, a CT scan of the cervical spine was negative for fracture. Applicable criteria for obtaining an MRI of the cervical spine include neck pain with radiculopathy, if severe, or the presence of progressive neurologic deficit. In this case, there were no neurological deficits that support a diagnosis of radiculopathy and advanced imaging of the cervical spine on the date of injury was negative for acute findings. There are no reported plain film x-ray findings that could include flexion/extension views that would indicate a need for repeat advanced imaging. A cervical spine MRI was not medically necessary.