

<b>Case Number:</b>	CM15-0137978		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/26/2015
<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: 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 61 year old female, who sustained an industrial injury on July 22, 2013. She reported pain in her neck and shoulder. The injured worker was diagnosed as having chronic neck pain, moderate degenerative disc disease and spondylosis. Treatment to date has included physical therapy, acupuncture, psychiatric evaluation, chiropractic treatment and medications. None of these treatments were noted to help much. She received an epidural steroid injection, which did improve her cervical range of motion and pain. On July 27, 2015, the injured worker complained of daily neck pain, headaches and bilateral upper extremity numbness. She was noted to take Ibuprofen for pain but it no longer helps. Physical examination of the cervical spine revealed tenderness and range of motion produced pain. The treatment plan included referral to hand surgery specialist and a follow-up visit. Notes stated that she is a candidate for cervical spine and possible hand surgery. On June 26, 2015, Utilization Review non-certified the request for 3T MRI of the cervical spine, citing ACOEM and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3T (3 Tesla) MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304; 178. Decision based on Non-MTUS Citation ODG on MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** The requested 3T (3 Tesla) MRI of the cervical spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has daily neck pain, headaches and bilateral upper extremity numbness. She was noted to take Ibuprofen for pain but it no longer helps. Physical examination of the cervical spine revealed tenderness and range of motion produced pain. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, 3T (3 Tesla) MRI of the cervical spine is not medically necessary.