

<b>Case Number:</b>	CM15-0144404		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57 year old female with an industrial injury dated 08-08-2013. The injured worker's diagnosis includes cervical disc protrusion. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 03-31-2015, the injured worker reported neck pain and back pain rated 8 out of 10. The injured worker also reported pain in the left shoulder, left forearm, left elbow, left wrist and left hand with associated weakness and numbness in her hands. The treating physician reported that the physical examination remain unchanged from previous visits. In a progress note dated 02-24-2015, objective findings revealed positive Spurling sign, tenderness to palpitation of paraspinal, and pain with range of motion. The treating physician prescribed services for updated Magnetic Resonance Imaging (MRI) of the cervical spine, now under 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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Indications for imaging-MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** MTUS guidelines, MRI of the cervical spine is recommended in case of red flags suggesting cervical spine damage such as tumor, infection, cervical root damage and fracture. There is no documentation of any of these red flags in this case. There is no documentation of change in the patient condition suggesting a new pathology requiring another MRI of the cervical spine. Therefore, the request for MRI of the cervical spine is not medically necessary