

<b>Case Number:</b>	CM15-0145362		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, 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 51-year-old female who sustained an industrial injury on 10-30-2012. Mechanism of injury occurred when she was thrown around in a vehicle that had slammed on the brakes to avoid an accident. This occurred at work. Diagnoses include residual cervical sprain. Treatment to date has included diagnostic studies, medications, H-wave unit, epidural steroid injections, physical therapy, and Toradol injections. A physician progress note dated 06-16-2015 documents the injured worker continues to complain of cervical spine pain and tingling, some increased right pain and continued cervical spasm and pain. There is tenderness to palpation of the cervical spine, bilateral trapezius, increased spasm of the bilateral trapezius, and decreased range of motion. A psychologist examination revealed depressive disorder, insomnia and pain disorder. On 03-03-2015, the injured worker complained of cervical spine pain radiating to the right trapezius and her pain is constant and aching. She has daily headaches, which vary in intensity. Pain radiates into the trapezius and she has occasional tingling in the right forearm. There is cervical restricted range of motion and spasms in the paracervical, and trapezius. Several documents within the submitted medical records are difficult to decipher. The treatment plan includes a Toradol injection, which was given on this visit. Treatment requested is for cervical MRI without contrast QTY: 1.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical MRI without contrast QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** MTUS Guidelines state that MRI of the C-spine is recommended when there is documentation of evidence of nerve compromise after failed therapy trials. In this case, there are no documented physical exam findings indicating nerve compromise. In addition, the patient had an MRI of the C-spine in September 2013 and there is insufficient documentation of change in the patient's condition to warrant a repeat MRI. Therefore, the medical necessity of this request is not established.