

<b>Case Number:</b>	CM15-0145485		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	06/04/2015
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/01/2015
<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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41 year old female sustained an industrial injury on 6-04-15. She subsequently reported neck pain. Diagnoses include neck sprain. Treatments to date include chiropractic care and prescription pain medications. The injured worker continues to experience cervical spine pain as well as headaches, stress, anxiety, depression and insomnia. Upon examination, there was tenderness to palpation over the cervical spine. A request for MRI of the cervical spine was made by the treating physician.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation ODG Online, Neck and Upper back Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The patient presents with diagnoses include neck sprain. The patient currently complains of cervical, thoracic, lumbar spine pain and bilateral shoulder pain as well as headaches, stress, anxiety, depression and insomnia. The current request is for MRI of the cervical spine. The treating physician requests on 6/9/15 (10B), "X-rays, MRIs, NCV/EMG, FCE and Ortho. evaluation." The ACOEM Guidelines have the following criteria for imaging studies on page 177 and 178: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery and Clarification of anatomy prior to invasive procedure. In addition, ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present." The clinical records provided do not show any previous MRI of the cervical spine. In this case, the patient does not meet the criteria for an MRI of the cervical spine per the ACOEM and ODG Guidelines. The clinical records provided did not document emergence of any red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of anatomy prior to invasive procedure. Additionally, no documentation was submitted that indicated 3 months of conservative treatment, normal radiographs, or the presence of neurologic signs or symptoms. The current request is not medically necessary.