

<b>Case Number:</b>	CM15-0147426		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	05/14/2015
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: 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 58-year-old female, who sustained an industrial injury on 5-4-2015. The mechanism of injury was transferring a client to a wheelchair from his bed. The injured worker was diagnosed as having cervical strain, rule out disc herniation, right shoulder impingement syndrome, thoracic strain and lumbar strain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-26-2015, the injured worker complains of neck pain and tingling throughout the right upper extremity, right shoulder pain, upper back pain, mid and low back pain and sleep disturbances. Physical examination showed cervical, lumbar and right shoulder decreased range of motion with muscular guarding. The treating physician is requesting cervical magnetic resonance imaging.

### 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 Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

**Decision rationale:** This patient receives treatment for persisting neck pain. This relates to an industrial injury dated 05/04/2015. The patient medical diagnoses include cervical strain, R shoulder impingement, and thoracic and lumbar strain. This review addresses a request for an MRI of the cervical spine. On physical exam, there is evidence of a decrease in the ROM of the neck and right shoulder. There is no documentation of any positive radicular neurologic deficits. There is no documentation of any imaging. The treatment guidelines reserve cervical MRI imaging to patients who have failed at least a 6-week course of conservative management and are headed for a neurosurgical intervention or for those patients who demonstrate clinical red flags. These include primary or metastatic cancer, osteomyelitis, cervical spinal stenosis or critical disc disease. A cervical MRI is not medically necessary.