

<b>Case Number:</b>	CM15-0204345		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Preventive Medicine, Occupational 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 25 year old male, who sustained an industrial injury on 10-30-2014. A review of the medical records indicates that the injured worker is undergoing treatment for headaches, probably a combination of post concussive head pain syndrome and tension headaches and left shoulder internal derangement. On 7-15-2015, the injured worker reported headaches, neck pain with stiffness and loss of range of motion (ROM), left shoulder pain with poor motion, and left chest wall pain, intermittent hand numbness, and occasional numbness in the feet. The Treating Physician's report dated 7-15-2015, noted the physical examination showed the cervical spine with limited flexion and extension with intense spasm and guarding in the neck and tenderness over the greater occipital nerves bilaterally and spasm and guarding extending to the left cervicobrachial region. The injured worker's current medications were noted to include Norco, Clonidine, and Ibuprofen. The treatment plan was noted to include start of Venlafaxine, and a neck MRI for limited range of motion (ROM) of the injured worker's neck and vague symptoms of numbness in his hands, with headaches possibly cervicogenic. The injured worker's work status was noted to be unable to tolerate modified duty, placed off work. The cervical spine MRI dated 8-5-2015, was noted to be unremarkable. The request for authorization dated 9-24- 2015, requested retro 8-5-2015 MRI of the cervical spine. The Utilization Review (UR) dated 10-5-2015, denied the request for a retro 8-5-2015 MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro 8/5/15: MRI of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are also not met and include the emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The request for retro 8/5/15: MRI of cervical spine is not medically necessary.