

<b>Case Number:</b>	CM15-0206601		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	09/15/2012
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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

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 38 year old male, who sustained an industrial injury on 9-15-2012. The injured worker is undergoing treatment for post traumatic stress disorder (PTSD), concussion, vertigo and chronic pain. Medical records dated 9-3-2015 indicate the injured worker complains of neck pain, memory deficits, headaches and vertigo. The treating physician indicates referral to pain management due to headaches and neck pain and feels a cervical magnetic resonance imaging (MRI) is needed due to prior head trauma. Physical exam dated 9-3-2015 notes broad based unsteady gait. The treating physician does not provide results of physical cervical exam. Treatment to date has included ibuprofen The original utilization review dated 10-15-2015 indicates the request for pain management consultation, physical therapy evaluation and cognitive behavioral therapy (CBT) is certified and magnetic resonance imaging (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:

**MRI (Magnetic Resonance Imaging) of the cervical spine, quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

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

**Decision rationale:** The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was report found of the worker having cervical pain in addition to headaches following the injury. The provider noted that she had not yet completed a cervical MRI and suggested she have one. However, there was no physical examination completed at that time, which is required to show clear signs of radiculopathy. There was also no complaints suggestive of radiculopathy either. Therefore, there is insufficient criteria met for imaging at this time, and the request for cervical MRI is not medically necessary.