

<b>Case Number:</b>	CM15-0021359		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	07/22/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial injury on July 22, 2014. She has reported injury of the neck, shoulders, and wrists. The diagnoses have included neck sprain and strain, muscle spasm, carpal tunnel syndrome, and other synovitis and tenosynovitis. Treatment to date has included medications, and electrodiagnostic studies. Currently, the IW complains of pain in the neck, shoulders, wrists, and associated numbness and tingling. She rates her pain as 6/10 on a pain scale. Physical findings are indicated as a mild decrease in cervical spine range of motion, and noted muscle spasm. There is a mild decrease in flexion and abduction only in range of motion of the shoulders, with noted tenderness and a positive impingement sign. The wrists have a normal range of motion, with noted tenderness, and positive Tinel's and Phalen's signs. The records indicate the electrodiagnostic studies were within normal limits. The records do not indicate plans for surgery. On January 27, 2015, Utilization Review non-certified magnetic resonance imaging of the cervical spine. The ACOEM and ODG guidelines were cited. On February 4, 2015, the injured worker submitted an application for IMR for review of magnetic resonance imaging 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 of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper Back Chapter Campbell's Operative Orthopedics, Vol. 1, 9th Edition, Mosby/ Doyma Libros 1998, Page 3043

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. 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 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 a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker's working diagnoses are neck sprain and strain; spasm of muscle; other synovitis and tenosynovitis. There are no focal neurologic findings on clinical examination. The injured worker presented with soft tissue injuries that were consistent with a sprain/strain type injury. There were no significant neurologic findings noted on physical examination. EMG and nerve conduction studies were performed and were normal. There was no discussion of any surgical intervention. MRI scans of the spine are reserved for injured workers that have major focal neurologic deficits and/or aggressive myelopathy in spite of receiving conservative treatment. Consequently, absent clinical documentation with significant neurologic dysfunction, MRI cervical spine is not medically necessary.