

<b>Case Number:</b>	CM15-0211359		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: 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 30-year-old female who sustained an industrial injury on 6-17-13. Medical records indicate that the injured worker has been treated for chronic cervical strain; cervical spondylosis, rule out herniated cervical disc. She currently (8-12-15) continues to complain of persistent right and left sided neck pain radiating from the cervical spine into the right and left cervical region, right and left trapezius and right and left interscapular region. The physical exam of the cervical spine revealed tenderness about the right and left paracervical muscles with decreased range of motion, Cervical Compression Test reproduces pain about the right and left paracervical muscles and right and left trapezius musculature. There was no cervical instability noted per documentation and sensory exam and reflexes were normal. Treatments to date include status post arthroscopic right shoulder subacromial decompression and distal clavicle resection; physical therapy for the neck and back; medication: naproxen. In the 8-12-15, progress note the treating provider's plan of care included a request for a cervical MRI, which has not been obtained in the past, to rule out herniated cervical disc. The request for authorization dated 9-10-15 was for MRI of the cervical spine. On 9-28-15 Utilization Review non-certified the request for 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 Cervical Spine:** Upheld

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

**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, she complained of persistent right and left-sided neck pain with intermittent radiation of pain into her right and left trapezius and interscapular regions, but not her arms. Physical examination only revealed tenderness of the paracervical muscles, decreased range of motion of the cervical spine, but no instability, negative provocative cervical spine testing, and normal bilateral extremity sensation and reflexes. Without more clear symptomatology and physical findings suggestive of cervical nerve root impingement or a red flag diagnosis, for which there was no evidence provided, this request for MRI of the cervical spine will be considered medically unnecessary.