

<b>Case Number:</b>	CM15-0034766		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 5/19/2014. The diagnoses have included cervical spondylosis and cervical radiculitis. Treatment to date has included medications and chiropractic adjustments. Currently, the IW complains of cervical spine pain radiating into left shoulder and trapezius associated with occasional numbness and tingling in left hand. She reports difficulty holding a pen and opening jars. Objective findings included absent reflexes bilaterally, right triceps weakness of 4+/5, difficulty right overhead and limited range of motion on the right. On 1/26/2015, Utilization Review non-certified a request for magnetic resonance imaging (MRI) of the cervical spine without contrast, as an outpatient noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ACOEM Guidelines were cited. On 2/24/2015, the injured worker submitted an application for IMR for review of magnetic resonance imaging (MRI) of the cervical spine without contrast, as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) MRI for the cervical spine, without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The most recent progress note dated March 2, 2015 includes a complaint of left arm weakness, however the physical examination on this date reveals no tenderness along the cervical spine and full cervical spine range of motion. It was also stated that strength testing of the major muscles innervated by the cervical spine was rated at 5/5. Reflexes were symmetrical and there were no sensory deficits. Considering this, this request for an MRI the cervical spine is not medically necessary.