

<b>Case Number:</b>	CM15-0036079		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	03/17/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: North Carolina

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 46 year old female, who sustained an industrial injury on March 17, 2012. Her diagnoses include cervical radiculopathy. She has been treated with x-rays, MRI in 2013, physical therapy, cervical injections, activity modifications, and pain, muscle relaxant, and non-steroidal anti-inflammatory medications. On January 8, 2015, her treating physician reports increased constant neck pain since last visit. Her pain level is 10/10 on the VAS (visual analogue scale). The physical exam revealed axial neck pain with radiation to the lateral forearm, thumb, and index finger, which is consistent with cervical 6 radiculopathy. There was a trace of left biceps weakness and the cervical range of motion was 70-75%. The treatment plan includes an MRI of the cervical spine. On January 30, 2015 Utilization Review non-certified a request for an MRI of the cervical spine, noting the lack of documentation of a significant change in symptoms since the prior MRI. The ACOEM (American College of Occupational and Environmental Medicine) Guidelines and the Official Disability Guidelines (ODG) were cited.

### 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 Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flags or other criterion as outlined above. Therefore criteria have not been met for a MRI of the neck and the request is not certified.