

<b>Case Number:</b>	CM15-0049315		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68 year old male, who sustained an industrial injury on January 19, 2011. He reported a continuous trauma injury to his neck and bilateral upper extremities. The injured worker was diagnosed as having spine sprain/strain rule out radiculopathy/radiculitis and herniated lumbar disc and bilateral shoulder sprain/strain. Treatment to date has included diagnostic studies, physical therapy, acupuncture and medications. On January 20, 2015, the injured worker complained of moderate pain to the neck radiating into shoulders, arms and hands. The pain is worse with lifting, pulling, pushing, gripping, grasping and above the shoulder work. Medications were noted to help decrease pain intensity and allow for activities of daily living. Physical examination revealed tightness and spasm at the trapezius and sternocleidomastoid and strap muscles right and left. The treatment plan included medications, cortisone injections to the bilateral shoulders and wrists, acupuncture treatments, psych evaluation and MRI scans.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the cervical spine without contrast:** 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

(ODG-TWC), Online Edition, Chapter: Neck and Upper Back (Acute & Chronic); Magnetic resonance imaging (MRI); Indications for imaging-MRI (magnetic resonance imaging).

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

**Decision rationale:** The patient presents with pain affecting the cervical spine, which radiates into bilateral shoulder, arm, and hand. The current request is for Magnetic Resonance Imaging (MRI) of the cervical spine without contrast. The treating physician states, "Continue request authorization for MRI scan of the cervical spine to establish the presence of disc pathology." (29) The treating physician goes onto state the medication does help the patient but it is not clear what other types of treatment this patient has undergone. The ODG guidelines state, "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 have no neurologic findings, do not need imaging. Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present." In this case, the treating physician has documented that the patient is not having any cervical tenderness and conservative treatments have been helping the patient's pain. The current request is not medically necessary and the recommendation is for denial.