

<b>Case Number:</b>	CM15-0052765		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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

Certification(s)/Specialty: Emergency 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 51-year-old male, with a reported date of injury of 05/08/2013. The diagnoses include cervical spine sprain/strain with multilevel disc protrusion, cervical myofasciitis, cervical facet-induced versus discogenic pain, cervical disc disease, and cervical radiculopathy. Treatments to date included cervical traction unit and at-home exercises and stretches. The follow-up evaluation report dated 02/17/2015 indicates that the injured worker complained of neck pain, with radiation down the bilateral shoulders, left side greater than the right. The physical examination of cervical spine showed midline with decreased lordosis, moderate tenderness to palpation with spasm and muscle guarding over the cervical paravertebral muscles and bilateral trapezius muscles, tenderness to palpation over the C4 to C7 levels, decreased cervical spine range of motion, and decreased sensation along the bilateral C5 dermatomes. Most of patient's complaints have been other body part pains. Neck pain has been secondary and has minimal treatment document. Reports only states a prior MRI of cervical spine was done in 2013 but no report or results is noted on provided records. EMG/NCV on 3/12/15 of upper extremities was provided for review but the results of this test will not be considered for review of this request since the original request is dated 2/17/15 and the UR is dated 3/4/15. Only information available and provided by the requesting provider during time of request can be used to make review decisions as per MTUS guidelines. Prospective information does not retrospectively change criteria used to make determination. The treating physician requested an 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:

**Magnetic Resonance Imaging of the cervical spine:** Upheld

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

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

**Decision rationale:** As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. There is no documentation of prior conservative care. Patient has had chronic pains but no noted worsening or changes in pain. There is no documentation of worsening symptoms. A recent neurological exam was not documented. Provider is considering cervical epidural injection for unknown reason. MRI of cervical spine is not medically necessary.