

<b>Case Number:</b>	CM15-0077618		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 32 year old male, who sustained an industrial injury on 8-18-14. He has reported initial complaints of a head injury at work. The diagnoses have included status post blunt head injury, cervical sprain and strain with radiculitis, rule out cervical spine discogenic disease, thoracic strain and sprain with radiculitis, lumbar strain and sprain with radiculitis, left shoulder tendinitis and depression. Treatment to date has included medications, activity modifications, diagnostics, Functional Capacity Evaluation (FCE), chiropractic, acupuncture, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 12-11-14, the injured worker complains of headaches as well as pain in the neck, mid and upper back, low back and left shoulder and arm. The pain is rated from 4 to 7 out of 10 on the pain scale. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine dated 1-8-15. The objective findings of the exam of the cervical spine reveal tenderness to palpation over the paraspinal muscles, palpable spasm, restricted range of motion, and positive cervical compression test. The physician requested treatment included Retro Cervical Magnetic Resonance Imaging (MRI) (Performed 1-8-15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Cervical MRI (Performed 1-8-15): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck-Magnetic resonance imaging (MRI).

**Decision rationale:** Retro Cervical MRI (Performed 1-8-15) is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The ODG states that an MRI can be ordered with progressive neurologic deficits and radiographs revealing spondylosis, equivocal or positive findings, or trauma or if the patient has chronic neck pain and the radiographs reveal disc margin destruction. The documentation does not indicate evidence of red flag findings or progressive neurological deficits on physical exam therefore the request for an MRI of the cervical spine is not medically necessary.