

<b>Case Number:</b>	CM15-0085783		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	01/09/2015
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Physical Medicine & Rehabilitation, 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 44 year old female, who sustained an industrial injury on 01/09/2015. She has reported subsequent neck, back, bilateral elbow and bilateral knee pain and headaches and was diagnosed with cervical and lumbar sprain/strain, thoracic myospasm and right and left lateral epicondylitis. Treatment to date has included oral pain medication. In a progress note dated 02/16/2015, the injured worker complained of right arm tingling and cramps from the knees to the feet. Objective findings were notable for painful range of motion of the neck with tenderness to palpation and spasm of the cervical paravertebral muscles, slightly reduced range of motion of the lumbar spine with tenderness to palpation and spasm of the lumbar and thoracic paravertebral muscles, painful range of motion of the elbows and decreased and painful range of motion of the bilateral knees. A request for authorization of MRI of the cervical spine was submitted. There is no explanation as to why this request was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physio therapy, physical medicine guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

**Decision rationale:** Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit or failure of conservative treatment for at least 3 months. In the absence of such documentation the requested cervical MRI is not medically necessary.