

<b>Case Number:</b>	CM14-0119243		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old female with a 10/23/13 date of injury. The mechanism of injury occurred when she fell from a stool. According to a progress note dated 6/20/14, the patient stated that her condition has improved, but slower than expected. She complained of neck and back pain rated as a 7/10. She complained of numbness or tingling of the arm and neck pain with motion. Objective findings: no tenderness and no spasms in the paracervical, sternocleidomastoid, and trapezius muscles; cervical distraction test for nerve root compression is negative; ROM (range of motion) of neck is unrestricted, no restricted ROM of the back; sensation intact to light touch and pinprick in all dermatomes of bilateral upper and lower extremities. Diagnostic impression: pain in neck (Cervicalgia), back pain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/21/14 denied the request for cervical MRI. There is no objective evidence of radiculopathy that would require further investigation. No cervical x-rays are present showing evidence of significant abnormality.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine with contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - MRI.

**Decision rationale:** CA MTUS supports imaging studies with red flag conditions; 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 and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. There is no documentation that the patient has failed conservative therapy. There is no objective evidence of neurological compromise that would warrant a cervical MRI. In fact, according to the most recent report reviewed, dated 6/20/14, the patient had no abnormal musculoskeletal or neurologic findings. In addition, there were no x-rays provided for review. Therefore, the request for MRI cervical spine with contrast was not medically necessary.