

<b>Case Number:</b>	CM14-0124951		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Occupational Medicine, 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:

Patient is a 54-year-old male who has submitted a claim for cervical facet joint arthropathy, and cervical sprain/strain associated with an industrial injury date of 2/11/2013. Medical records from the 2013 to 2014 were reviewed. Patient complained of neck pain, aggravated by movement. Physical examination of the cervical spine showed tenderness, restricted motion, and negative for nerve root tension signs. Muscle stretch reflexes were 1+ and symmetric bilaterally. Motor strength was intact. MRI of the cervical spine was requested to evaluate for nerve root impingement, disc protrusion, stenosis, and degenerative disc disease and facet arthropathy. Treatment to date has included physical therapy and medications. Utilization review from 7/29/2014 denied the request for MRI of the cervical spine because there was no exhaustion of conservative measures, i.e., use of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Closed MRI of the Cervical Spine:** 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, Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180).

**Decision rationale:** CA MTUS ACOEM guidelines support 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. In this case, patient complained of neck pain, aggravated by movement. Physical examination of the cervical spine showed tenderness, restricted motion, and negative for nerve root tension signs. Muscle stretch reflexes were 1+ and symmetric bilaterally. Motor strength was intact. MRI of the cervical spine was requested to evaluate for nerve root impingement, disc protrusion, stenosis, and degenerative disc disease and facet arthropathy. However, physical examination findings failed to provide evidence of neurologic dysfunction. There was likewise no exhaustion of conservative measures since the utilization review just recently certified the request for a TENS unit. There is no clear indication for MRI at this time. Guideline criteria are not met. Therefore, the request for closed MRI of the cervical spine is not medically necessary.