

<b>Case Number:</b>	CM14-0129499		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	12/27/2011
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 & 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 30 year old female with a 12/27/11 injury date. The mechanism of injury is not provided. On 11/14/12, the patient was considered at permanent and stationary with 0% whole person impairment. In a follow-up on 4/7/14, there was found to be painful cervical range of motion with decreased shoulder motion. In a follow-up on 6/16/14, the patient noted that acupuncture has increased her pain and she does not wish to continue. Objective findings included painful cervical range of motion at the extremes, worse with extension than with flexion. There was tenderness to palpation over the trapezius and paracervical muscles bilaterally, with the maximal area of pain corresponding to the right C5-6 or C6-7 facets. The pain was felt to radiate into the right shoulder. Cervical flexion was 30 degrees and extension was 20 degrees. There were no reported motor/sensory/reflex findings. Diagnostic impression: cervical sprain/strain. Treatment to date: physical therapy, acupuncture, psychotherapy, medications. A UR decision on 7/19/14 denied the request for cervical spine MRI on the basis that there was no information that documented a neurologic deficit or red flag condition or any indication of how the study would change the treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine without dye:** 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.

**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. In the present case, the patient appears to have a recurrence of neck pain. However, there are no documented subjective or objective signs of radiculopathy or nerve dysfunction, and no red flag conditions. In addition, there was no discussion or rationale as to how the MRI study would affect the treatment plan. At this point, a cervical MRI does not meet guideline criteria for medical necessity. Therefore, the request for MRI of the cervical spine without dye is not medically necessary.