

<b>Case Number:</b>	CM14-0134144		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Internal 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 an injured worker with cervical musculoligamentous sprain and strain with left upper extremity radiculitis status post fall. Date of injury was 04-01-2014. Primary treating physician's progress report dated July 17, 2014 provided a review of medical records. Doctor's first report of occupational injury or illness dated April 1, 2014 documented that the patient climbed on a ladder and the ladder slipped away. He hit a desk while falling down. He was unable to break the fall. He complained of pain in the left side of his neck and low back. Diagnoses were acute cervical strain, acute lumbosacral strain, and status post fall. X-ray of the cervical spine performed 4/01/2014 demonstrated straightening of the normal cervical lordosis without scoliosis or subluxation. There is slight C5-C6 disc space narrowing with minor endplate spur formation. There is mild straightening with minor spondylosis. No fracture. The patient has received chiropractic treatment. Progress report dated 7/18/14 documented subjective complaints of neck ache stiffness and numbness and tingling in the left hand and finger tips. Physical examination findings included cervical spine tenderness, positive axial compression test, decreased active range of motion, decreased sensation in the left hand. Diagnosis was cervical musculoligamentous sprain and strain with left upper extremity radiculitis. Treatment plan included a request for MRI scan of the cervical spine due to radicular complaints, positive orthopedic test and stiffness. Utilization review determination date was 8/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 - 8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166-167, 177-179, 181-183.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that is recommended to evaluate red flags for potentially serious neck conditions. MRI is recommended to validate diagnosis of nerve root compromise, based on history and physical examination findings. Criteria for ordering imaging studies include emergence of a red flag and physiologic evidence of tissue insult or neurologic dysfunction. Physiologic evidence may be in the form of neurologic findings on physical examination. Findings that identify nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies. Medical records document red flags in the medical history and physical examination. The emergency department report dated 4/1/14 documented a fall with head injury. The patient has a history of trauma. Medical records document neck stiffness, cervical tenderness, and neurologic deficits. Paresthesias and decreased sensation in the upper extremity were documented. report dated 7/18/14 documented subjective complaints of neck ache, stiffness, and numbness and tingling in the left hand and finger tips. Physical examination findings included cervical spine tenderness, positive axial compression test, decreased active range of motion, decreased sensation in the left hand. Diagnosis was cervical musculoligamentous sprain and strain with left upper extremity radiculitis. He patient had radicular complaints, stiffness, and positive orthopedic test. The medical records support the medical necessity of cervical spine MRI. Therefore, the request for 1 MRI of the cervical spine is medically necessary.