

<b>Case Number:</b>	CM14-0148934		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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, has a subspecialty in Pain 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:

This is a female patient with a date of injury of October 18, 2012. A utilization review determination dated August 29, 2014 recommends non-certification of an MRI of the cervical spine. A progress note dated August 19, 2014 identifies subjective complaints of constant moderate back pain rated at a pain level of 6/10, neck pain that increases with stress rated at a pain level of 4/10, and constant left elbow pain that is aggravated with activity and is rated at a pain level of 4/10. Physical examination identifies tenderness to palpation of the cervical paraspinal muscles, pain with range of motion of the cervical spine, left elbow with tenderness over the olecranon, lumbar spine flexion at 30, lumbar extension at 20, and lumbar paraspinal muscles are tender with moderate spasm. The diagnoses include neck strain, myospasm, left elbow sprain, and lumbar stenosis. The treatment plan recommends urinalysis test for toxicology, topical compounds, naproxen, pantoprazole, IF unit, cold therapy unit, pain management for LESI, medical foods, MRI of the cervical spine, MRI of the lumbar spine, MRI of the left elbow, x-ray of the cervical spine, x-ray of the lumbar spine, x-ray of the left elbow, and EMG/NCV of the upper extremities.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

**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 a 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.