

<b>Case Number:</b>	CM14-0152850		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	02/14/2007
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

The patient is a 46-year-old female who has submitted a claim for neck sprain and strain associated with an industrial injury date of February 14, 2007. Medical records from 2014 were reviewed, which showed that the patient complained of right upper back discomfort, and numbness and tingling in her hand. Examination revealed tenderness over the cervical and upper thoracic paraspinal region. There was mild loss of cervical motion. There was tenderness of the right trapezius. Tinel's and Phalen's were both negative. Sensation over the thumb and dorsal and radial aspect of the forearm in the area of the C6 distribution was decreased. The left upper extremity examination revealed mild tenderness of the lateral epicondyle region and along the extensor muscle group. There was pain with the Cozen maneuver and tenderness over the extensor tendons of the index and middle fingers. Treatment to date has included medications. Utilization review from September 3, 2014 denied the request for the cervical MRI because the records did not reveal a recent course of conservative intervention such as exercise, physical therapy, medication management or activity modification that was tried and failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

**Decision rationale:** Pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS states that imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, no plain films were provided. There was no unequivocal objective finding that identifies specific nerve compromise because the neurologic examination was incomplete; results of muscle testing and DTRs (deep tendon reflexes) were not reported. No evidence of failure to respond to treatment and consideration for surgery was also provided. Therefore, the request for cervical MRI is not medically necessary.