

<b>Case Number:</b>	CM14-0091925		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/12/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 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 65-year-old male patient had a date of injury on 9/12/2009. The mechanism of injury was he was slammed on hood of a car by citizen with injury to his head, neck, low back and shoulders. In a progress noted dated 2/5/2014, subjective findings included problems falling and staying asleep, as well as daytime sleeping. He complains of depression, anxiety, and irritability. He had an MRI scan of neck, low back and shoulders, which was not provided in the reports viewed. He takes Motrin 800mg and Naproxen. On a physical exam dated 2/5/2014, objective findings included peripheral pulses were palpable adequately throughout. No neurological deficits were noted. The diagnostic impression shows cervical spine strain and sprain, lumbar strain/sprain, bilateral shoulder strain and impingement. Treatment to date: medication therapy, and behavioral modification. A UR decision dated 5/27/2014 denied the request for MRI of the cervical spine without contrast, stating that the clinical documentation submitted for review indicated the patient had a positive compression and positive distraction test, with lack of documentation of specific myotomal and dermatomal findings. There was lack of documentation of previous studies, with the exception of negative EMG/NCV, along with their results.

### 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 contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back chapter-MRI

**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 2/5/2014 progress report, it was mentioned that a previous MRI of the neck, back, and shoulders was performed. However, the dates and results were not discussed, and the actual MRI was not provided in the reports viewed. Plain films were also not provided for review. Furthermore, no dermatomal findings were described, and on the neurological exam dated 2/5/2014, no significant changes were noted that would justify the request for an MRI. Therefore, the request was not medically necessary.